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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| DISTRICT OF MARYLAND                            | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself  |   |   |   |  |  |  |  |
|-----|--|---|---|---|--|--|--|--|
|     |  | About Debtor 1:                                 |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |
| 1.  | Your full name   |   |   |   |  |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's                              | Salisha First name Lee                          | - | First name                                    |  |  |  |  |
|     | license or passport).  | Middle name                                     |   | Middle name                                   |  |  |  |  |
|     | Bring your picture identification to your meeting with the trustee.  | Peeler Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Salisha Lee Rhodes<br>Salisha Lee Bomar         |   |   |  |  |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8689                                     |   |   |  |  |  |  |

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Debtor 1 Salisha Lee Peeler

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 6427 Hilmar # 102   | If Debtor 2 lives at a different address:  |
|    |   | District Heights, MD 20747  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Prince Georges  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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| Del | otor 1 Salisha Lee Peelei   | r   | Case number (if known)  |  |   |                        |  |  |
|-----|---|---|---|--|---|------------------------|--|--|
|     |   |   |   |  |   |                        |  |  |
| Par | t 2: Tell the Court About   | Your Bankruptcy C                           | ase   |  |   |                        |  |  |
| 7.  | The chapter of the Bankruptcy Code you are  |   |   | rief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy go to the top of page 1 and check the appropriate box. |   |                        |  |  |
|     | choosing to file under  | ■ Chapter 7                                 |   |  |   |                        |  |  |
|     |   | ☐ Chapter 11                                |   |  |   |                        |  |  |
|     |   | ☐ Chapter 12                                |   |  |   |                        |  |  |
|     |   | ☐ Chapter 13                                |   |  |   |                        |  |  |
| 8.  | How you will pay the fee  | about how your order. If your a pre-printed | ou may pay. Typica<br>r attorney is submit<br>d address.          | ally, if you are paying the fee yo<br>ting your payment on your beh  | k with the clerk's office in your local court for mo<br>urself, you may pay with cash, cashier's check,<br>alf, your attorney may pay with a credit card or c   | or money<br>check with |  |  |
|     |   |   |   | Iments. If you choose this option Official Form 103A).   | on, sign and attach the Application for Individuals   | s to Pay               |  |  |
|     |   | I request the but is not recapplies to you  | at my fee be waive<br>quired to, waive you<br>our family size and | ed (You may request this option<br>ur fee, and may do so only if yo<br>you are unable to pay the fee in  | n only if you are filing for Chapter 7. By law, a jud<br>ur income is less than 150% of the official pover<br>n installments). If you choose this option, you mudial Form 103B) and file it with your petition. | rty line that          |  |  |
|     |   | are rippineda                               | on to riave the one   | apier / / ming / de vvarreu (eme   | nar rom rood, and more manyour position.  |                        |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No.                                       |   |  |   |                        |  |  |
|     | last 8 years?   | ☐ Yes.                                      |   |  |   |                        |  |  |
|     |   | District                                    |   | When   | Case number   |                        |  |  |
|     |   | District                                    |   | When   | Case number   |                        |  |  |
|     |   | District                                    |   | When   | Case number   |                        |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  |   |  |   |                        |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                                      |   |  |   |                        |  |  |
|     |   | Debtor                                      |   |  | Relationship to you   |                        |  |  |
|     |   | District                                    |   | When   | Case number, if known   |                        |  |  |
|     |   | Debtor                                      |   |  | Relationship to you   |                        |  |  |
|     |   | District                                    |   | When   | Case number, if known   |                        |  |  |
| 11. | Do you rent your  | □ No. Go to                                 | line 12.  |  |   |                        |  |  |
|     | residence?  | ■ Yes. Has ye                               | our landlord obtain   | ed an eviction judgment agains   | t you?  |                        |  |  |
|     |   | -   | No. Go to line 12   |  |   |                        |  |  |
|     |   |   | Yes. Fill out <i>Initia</i> bankruptcy petition                   |  | Judgment Against You (Form 101A) and file it wi   | ith this               |  |  |
|     |   |   |   |  |   |                        |  |  |

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| Deb | otor 1 Salisha Lee Peele  | er                    |   | Case number (if known)   |  |  |  |  |
|-----|---|-----------------------|---|--|--|--|--|--|
|     |   |                       |   |  |  |  |  |  |
| Day | 1 2. Danast Abaut Any Bu  |                       | You Own as a Sole Propri  | inter.   |  |  |  |  |
| Гаі | Report About Any Bu   | 1511162262            | Tou Own as a Sole Propri  | etor   |  |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                 | ■ No. Go to Part 4.   |  |  |  |  |  |
|     |   | ☐ Yes.                | Name and location of b  | usiness  |  |  |  |  |
|     | A sole proprietorship is a  |                       |   |  |  |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                       | Name of business, if an   | Name of business, if any   |  |  |  |  |
|     | If you have more than one sole proprietorship, use a  |                       | Number, Street, City, St  | tate & ZIP Code  |  |  |  |  |
|     | separate sheet and attach it to this petition.  |                       | Check the annronriate I   | pox to describe your business:   |  |  |  |  |
|     | it to this polition.  |                       |   | siness (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |
|     |   |                       | <del></del>   | al Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |  |
|     |   |                       | _ •   | defined in 11 U.S.C. § 101(53A))   |  |  |  |  |
|     |   |                       | ☐ Commodity Bro   | ker (as defined in 11 U.S.C. § 101(6))   |  |  |  |  |
|     |   |                       | ■ None of the abo   | ve   |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline<br>operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set app<br>dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state<br>rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the pr<br>1 U.S.C. 1116(1)(B). |  |  |  |  |  |
|     | For a definition of small   | No.                   | I am not filing under Ch  | apter 11.  |  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                 | I am filing under Chapte<br>Code.   | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |  |
|     |   | ☐ Yes.                | I am filing under Chapte  | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
| Par | t 4: Report if You Own or   | r Have An             | y Hazardous Property or A   | ny Property That Needs Immediate Attention   |  |  |  |  |
| 14. | Do you own or have any  | ■ No.                 |   |  |  |  |  |  |
|     | property that poses or is<br>alleged to pose a threat   | ☐ Yes.                |   |  |  |  |  |  |
|     | of imminent and identifiable hazard to public health or safety?   |                       | What is the hazard?   |  |  |  |  |  |
|     | Or do you own any property that needs immediate attention?  |                       | If immediate attention is needed, why is it needed?   |  |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs                                 |                       | Where is the property?  |  |  |  |  |  |
|     | urgent repairs?   |                       |   | Number Chrest City State 9 7in Code  |  |  |  |  |
|     |   |                       |   | Number, Street, City, State & Zip Code   |  |  |  |  |
|     |   |                       |   |  |  |  |  |  |
|     |   |                       |   |  |  |  |  |  |

Debtor 1 Salisha Lee Peeler

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Salisha Lee Peele  | er                      |                               | Case numb   | OET (if known)  |
|------|--|-------------------------|-------------------------------|---|---|
| Part | 6: Answer These Ques   | tions for Re            | porting Purposes              |   |   |
| 16.  | What kind of debts do you have?  |                         |                               | consumer debts? Consumer debts are dersonal, family, or household purpose."                     | efined in 11 U.S.C. § 101(8) as "incurred by an   |
|      |  |                         | ☐ No. Go to line 16b.         |   |   |
|      |  |                         | Yes. Go to line 17.           |   |   |
|      |  |                         |                               | pusiness debts? Business debts are debt   |   |
|      |  |                         | ☐ No. Go to line 16c.         | - ,   |   |
|      |  |                         | ☐ Yes. Go to line 17.         |   |   |
|      |  | 16c.                    | State the type of debts you   | owe that are not consumer debts or busine   | ess debts   |
| 17.  | Are you filing under<br>Chapter 7?   | □ No.                   | am not filing under Chapte    | er 7. Go to line 18.  |   |
|      | after any exempt are paid that funds will be available to distribute to unsecured creditors?  property is excluded and |                         |                               |   |   |
|      | administrative expenses are paid that funds will   |                         | No                            | apter 7. Do you estimate that after any exempt property is excluded and administrative expenses |   |
|      | be available for distribution to unsecured creditors?  |                         | □ Yes                         |   |   |
| 18.  | How many Creditors do  | <b>1</b> -49            |                               | □ 1.000-5.000   | □ 25.001-50.000   |
|      | you estimate that you owe?   | ☐ 50-99                 |                               |   |   |
|      | owe:   | <b>1</b> 00-19          | 9                             | <b>1</b> 0,001-25,000   | ☐ More than100,000  |
|      |  | 200-99                  | Ð                             |   |   |
| 19.  | How much do you ■ \$0 - \$50,000   |                         | 0.000                         | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|      | estimate your assets to be worth?  |                         | 1 - \$100,000                 |   |   |
|      | ao noran   |                         | 01 - \$500,000                |   |   |
|      |  | □ \$500,00              | 01 - \$1 million              | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| 20.  | How much do you  | □ \$0 - \$5             | 0,000                         | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|      | estimate your liabilities to be?   |                         | 1 - \$100,000                 | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion  |
|      |  |                         | 01 - \$500,000                | \$50,000,001 - \$100 million  | □ \$10,000,000,001 - \$50 billion   |
|      |  | □ \$500,00              | 01 - \$1 million              | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| Part | 7: Sign Below  |                         |                               |   |   |
| For  | you  | I have exa              | mined this petition, and I de | eclare under penalty of perjury that the info   | rmation provided is true and correct.   |
|      |  |                         |                               | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I or     | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.          |
|      |  | document,               | I have obtained and read t    | not pay or agree to pay someone who is r<br>he notice required by 11 U.S.C. § 342(b).           | , .   |
|      |  | I request re            | elief in accordance with the  | chapter of title 11, United States Code, sp   | ecified in this petition.   |
|      |  | bankruptcy<br>and 3571. | case can result in fines up   | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20           | r or property by fraud in connection with a pears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|      |  |                         | a Lee Peeler                  | 0   |   |
|      |  | Salisha L<br>Signature  | Lee Peeler of Debtor 1        | Signature of Debi   | IUI Z   |
|      |  | Executed (              | on October 16, 2019           | Executed on   |   |
|      |  |                         | MM / DD / YYYY                |   | M / DD / YYYY   |
|      |  |                         |                               |   |   |

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Debtor 1 Salisha Lee Peeler Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Victor E Palmeiro Signature of Attorney for Debtor             | Date          | October 16, 2019<br>MM / DD / YYYYY |
|--|---------------|-------------------------------------|
| Victor E Palmeiro MD17232 Printed name                             |               |                                     |
| Palmeiro Law Group LLC Firm name                                   |               |                                     |
| 5882 Hubbard Drive<br>Rockville, MD 20852                          |               |                                     |
| Number, Street, City, State & ZIP Code  Contact phone 301-933-2595 | Email address | info@palmeirolaw.com                |
| MD17232 MD Bar number & State                                      | Email audress | ппо врапненовам.сопі                |

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| Fill | in this information to identify your case  |                        |                               |                            |             |                           |
|------|--|------------------------|-------------------------------|----------------------------|-------------|---------------------------|
|      | otor 1 Salisha Lee Peeler  |                        |                               |                            |             |                           |
| 00.  | First Name   | Middle Name            | Last Name                     |                            |             |                           |
|      | otor 2 use if, filing) First Name  | Middle Name            | Last Name                     |                            |             |                           |
| Uni  | ted States Bankruptcy Court for the: DIS   | STRICT OF MARYLA       | ND                            |                            |             |                           |
| Car  | se number  |                        |                               |                            |             |                           |
|      | own)   |                        |                               |                            | ☐ Chec      | k if this is an           |
|      |  |                        |                               |                            | amer        | ded filing                |
| ~ .  | "···   |                        |                               |                            |             |                           |
|      | ficial Form 106Sum   | l ichilitics on        | d Cortain Statistic           | al Information             |             | 40/45                     |
|      | mmary of Your Assets and accurate as possible. If                                |                        |                               |                            | or supplyi  | 12/15                     |
| info | rmation. Fill out all of your schedules fir                                      | st; then complete th   | e information on this form.   | . If you are filing amend  |             |                           |
|      |  | Summary and check      | the box at the top of this p  | bage.                      |             |                           |
| Par  | t 1: Summarize Your Assets   |                        |                               |                            |             |                           |
|      |  |                        |                               |                            | Your a      | issets<br>of what you own |
| 1.   | Schedule A/B: Property (Official Form 1  | 06A/B)                 |                               |                            |             | ·                         |
|      | 1a. Copy line 55, Total real estate, from S                                      | chedule A/B            |                               |                            | \$          | 0.00                      |
|      | 1b. Copy line 62, Total personal property,                                       | from Schedule A/B      |                               |                            | \$          | 8,054.00                  |
|      | 1c. Copy line 63, Total of all property on S                                     | Schedule A/B           |                               |                            | \$          | 8,054.00                  |
| Par  | t 2: Summarize Your Liabilities  |                        |                               |                            |             |                           |
|      |  |                        |                               |                            | Your I      | iabilities                |
|      |  |                        |                               |                            |             | nt you owe                |
| 2.   | Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A. |                        |                               | f Part 1 of Schedule D     | \$          | 910.00                    |
| 3.   | Schedule E/F: Creditors Who Have Unse 3a. Copy the total claims from Part 1 (pri | cured Claims (Official | Form 106E/F)                  | =/E                        | \$          | 0.00                      |
|      | 3b. Copy the total claims from Part 2 (no  |                        |                               |                            | \$<br>\$    | 145,319.57                |
|      | 35. Copy the total dams nonit art 2 (no  | iphonty unsecured ci   | aims) nom line of or ochedu.  | G L/I                      | Ψ           | 145,515.57                |
|      |  |                        |                               | Your total liabilities     | \$          | 146,229.57                |
|      |  |                        |                               |                            |             |                           |
| Par  | Summarize Your Income and Expe   | enses                  |                               |                            |             |                           |
| 4.   | Schedule I: Your Income (Official Form 10 Copy your combined monthly income from |                        | I                             |                            | \$          | 5,616.93                  |
| 5.   | Schedule J: Your Expenses (Official Form Copy your monthly expenses from line 22 |                        |                               |                            | \$          | 5,663.00                  |
| Dos  |  |                        |                               |                            | <b>*</b>    |                           |
|      | t 4: Answer These Questions for Adm  |                        | Stical Records                |                            |             |                           |
| 6.   | Are you filing for bankruptcy under Ch  No. You have nothing to report on the    | • •                    | neck this box and submit this | form to the court with you | ur other so | hedules.                  |
| 7.   | ■ Yes What kind of debt do you have?   |                        |                               |                            |             |                           |
|      | Your debts are primarily consume household purpose." 11 U.S.C. § 10              |                        |                               |                            | a persona   | , family, or              |
|      | Your debts are not primarily cons the court with your other schedules.           | ,                      |                               | · ·                        | s box and s | submit this form to       |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Salisha Lee Peeler Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,072.84

\$

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 11,821.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 11,821.00 |

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|   |  | on to identify yo  |                                     | nd this filing:   |   |   |          |  |
|---|--|--|-------------------------------------|---|---|---|----------|--|
| Debtor 1                                  |  | Salisha Lee Per<br>First Name                                  |                                     | Middle Name   | Last Name   |   |          |  |
| Debtor 2                                  | _  |  |                                     |   |   |   |          |  |
| (Spouse, if f                             |  | First Name   |                                     | Middle Name   | Last Name   |   |          |  |
| United St                                 | tates Bankru                                       | ptcy Court for the   | : DISTR                             | RICT OF MARYLAND  |   |   |          |  |
| Case nur                                  | mber   |  |                                     |   |   |   |          | Check if this is an                        |
|   |  |  |                                     |   |   |   |          | amended filing                             |
| o   |  | 4.00A /D   |                                     |   |   |   |          |  |
|   |  | 106A/B   |                                     |   |   |   |          |  |
| Sche                                      | edule  | <u> A/B: Pro</u>   | <u>perty</u>                        | /   |   |   |          | 12/15                                      |
| think it fits<br>information<br>Answer ev | s best. Be as<br>on. If more spa-<br>very question | complete and acci<br>ace is needed, atta                       | urate as po<br>ch a separ           | ossible. If two married per<br>ate sheet to this form. On                   | If an asset fits in more than or ople are filing together, both an the top of any additional page | e equally responsible fo                      | r supply | ing correct                                |
| Part 1:                                   | Describe Eacl                                      | n Residence, Build   | ing, Land,                          | or Other Real Estate You  | Own or Have an Interest In  |   |          |  |
| 1. Do you                                 | own or have  | any legal or equita  | ble interes                         | st in any residence, buildi   | ng, land, or similar property?  |   |          |  |
| ■ No. 0                                   | Go to Part 2.                                      |  |                                     |   |   |   |          |  |
| ☐ Yes.                                    | Where is the                                       | property?  |                                     |   |   |   |          |  |
| Part 2:                                   | Describe You                                       | r Vehicles   |                                     |   |   |   |          |  |
| □ No ■ Yes                                | ·  | s, tradicis, sport   | dillity vo                          | hicles, motorcycles   |   |   |          |  |
| 3.1 Ma                                    | ake: Scio  | on   |                                     | Who has an interest in  | the property? Check one   | Do not deduct secure the amount of any secure |          |  |
| Мо  | odel: tC   |  |                                     | ■ Debtor 1 only   |   | Creditors Who Have                            |          |  |
|   | ear: 200   |  | 14 000                              | Debtor 2 only   |   | Current value of the                          |          | urrent value of the                        |
| •   | oproximate mil<br>ther informatio                  |  | 4,000                               | ☐ Debtor 1 and Debtor☐ At least one of the d                                |   | entire property?                              | pc       | ortion you own?                            |
|   |  |  |                                     | Check if this is con  | nmunity property  | \$2,364.0                                     | 0_       | \$2,364.00                                 |
| Example  No ☐ Yes  5 Add the pages        | bles: Boats, to<br>the dollar va<br>s you have a   | railers, motors, pe<br>alue of the portio<br>attached for Part | rsonal wa<br>n you ow<br>2. Write t | tercraft, fishing vessels,<br>n for all of your entries<br>that number here | s from Part 2, including any  | ccessories  v entries for                     | port     | \$2,364.00  rent value of the ion you own? |
| e House                                   | hold goods   | and furnishings  |                                     |   |   |   | clain    | ns or exemptions.                          |

Household goods and furnishings
Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Schedule A/B: Property Official Form 106A/B

|  | Beds, dressers, nightstands, dining set, sofas and kitchen utensils   | \$3,000.00  |
|--|---|---|
| ples: Televisions a                                      | Beds, dressers, nightstands, dining set, sofas and kitchen utensils   | \$3,000.00  |
| ples: Televisions a                                      |   |   |
| including cell s. Describe                               | phones, cameras, media players, games   | usic collections; electronic devices  |
|  | •   |   |
|  |   | coin, or baseball card collections;   |
| ples: Sports, photo                                      | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; car  | noes and kayaks; carpentry tools;   |
| rms mples: Pistols, rifles s. Describe                   | s, shotguns, ammunition, and related equipment  |   |
| nes<br>mples: Everyday clo<br>s. Describe                | othes, furs, leather coats, designer wear, shoes, accessories   |   |
|  | Various women clothing  | \$500.00  |
| e <b>lry</b><br><i>nples:</i> Everyday je<br>s. Describe | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge  Earrings, rings and necklaces   | ems, gold, silver   |
| farm animals mples: Dogs, cats, s. Describe              | pirds, horses   |   |
| ·  |   | ist   |
|  |   | d \$4,150.00  |
|  | tibles of value ples: Antiques and other collections. Describe  ment for sports are ples: Sports, photogomusical instructions. Describe  rms inples: Pistols, rifles is. Describe  les inples: Everyday clo is. Describe  lry inples: Everyday jev is. Describe  lry inples: Everyday jev is. Describe  is. Describe  farm animals inples: Dogs, cats, is is. Describe  other personal and is. Give specific info | tibles of value ples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, other collections, memorabilia, collectibles  3. Describe ment for sports and hobbies ples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; car musical instruments  5. Describe  7 ms puples: Pistols, rifles, shotguns, ammunition, and related equipment  5. Describe  8 ps puples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  5. Describe  8 ps puples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge  5 ps. Describe  8 ps puples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge  6 ps puples: Describe  8 ps puples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge  7 ps puples: Describe |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

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| D          | ebioi i       | Salisna L       | ee Peeier               |   |  | Case number (if know      | n)                              |
|------------|---------------|-----------------|-------------------------|---|--|---------------------------|---------------------------------|
|            |               |                 |                         |   |  |                           | claims or exemptions.           |
|            |               |                 |                         |   |  |                           | dams of exemptions.             |
| 16.        | Cash          | nles: Money y   | ou have in v            | your wallet in your home                | e, in a safe deposit box, and on har   | nd when you file your ne  | tition                          |
|            | □ No          | pies. Money y   | ou nave m y             | our waner, in your norm                 | e, iii a saie deposit box, and on hai  | id when you life your pe  | uuon                            |
|            | Yes.          |                 |                         |   |  |                           |                                 |
|            |               |                 |                         |   |  | _                         |                                 |
|            |               |                 |                         |   |  | Cash                      | \$40.00                         |
|            |               |                 |                         |   |  |                           |                                 |
| 17.        |               | sits of money   |                         | or other financial accoun               | oto: cortificatos of doposit: aboros in  | orodituniona brokoroa     | a houses, and other similar     |
|            | Ехапі         |                 |                         |   | nts; certificates of deposit; shares in<br>ith the same institution, list each.  | r credit unions, brokerag | e nouses, and other similar     |
|            | ☐ No          |                 |                         |   |  |                           |                                 |
|            | Yes.          |                 |                         |   | Institution name:  |                           |                                 |
|            |               |                 |                         | Checking and                            | Wells Fargo  |                           |                                 |
|            |               |                 | 17.1.                   | Savings                                 | *estimated balance as of   | 10/16/2019                | \$1,500.00                      |
|            |               |                 |                         |   |  |                           |                                 |
| 18.        | Bonds         | s, mutual fund  | ds, or publi            | cly traded stocks                       |  |                           |                                 |
|            |               |                 |                         |   | erage firms, money market account  | S                         |                                 |
|            | ■ No          |                 |                         | To a Charles and Santonian              |  |                           |                                 |
|            | ☐ Yes         |                 |                         | Institution or issuer na                | me:  |                           |                                 |
| 19.        |               |                 | d stock and             | interests in incorpora                  | ated and unincorporated busines  | ses, including an inter   | est in an LLC, partnership, and |
|            |               | venture         |                         |   |  |                           |                                 |
|            | ■ No          | 0               |                         |   |  |                           |                                 |
|            | ⊔ Yes.        | Give specific   |                         | about them<br>me of entity:             |  | % of ownership:           |                                 |
|            |               |                 |                         | •                                       |  | ·                         |                                 |
| 20.        |               |                 |                         |   | able and non-negotiable instrume<br>ers' checks, promissory notes, and           |                           |                                 |
|            |               |                 |                         |   | efer to someone by signing or delive   |                           |                                 |
|            | ■ No          |                 |                         |   |  |                           |                                 |
|            | ☐ Yes.        | Give specific   | information             | about them                              |  |                           |                                 |
|            |               |                 | Iss                     | uer name:                               |  |                           |                                 |
| 21.        | Retire        | ment or pens    | ion accoun              | ts                                      |  |                           |                                 |
|            |               |                 |                         |   | s(b), thrift savings accounts, or othe   | r pension or profit-shari | ng plans                        |
|            | ■ No          |                 |                         |   |  |                           |                                 |
|            | ☐ Yes.        | List each acc   | <u> -</u>               | .*                                      | Institution name:  |                           |                                 |
|            |               |                 | туре                    | of account:                             | Institution name:  |                           |                                 |
| 22.        |               | ity deposits a  |                         |   |  |                           |                                 |
|            |               |                 |                         |   | nat you may continue service or use<br>blic utilities (electric, gas, water), te |                           | panies, or others               |
|            | ■ No          | , 0             |                         |   | ,  | ·                         |                                 |
|            | ☐ Yes.        |                 |                         |   | Institution name or individual:  |                           |                                 |
| 23         | Annuir        | ties (A contra  | ct for a perio          | adic navment of money                   | to you, either for life or for a numbe   | or of years)              |                                 |
| ۷٠.        | ■ No          | iles (A contrat | ot for a pone           | die payment of money                    | to you, cliner for the or for a fluribe  | i oi years)               |                                 |
|            | ☐ Yes         |                 | Issuer nan              | ne and description.                     |  |                           |                                 |
|            |               |                 |                         |   |  |                           |                                 |
| 24.        |               |                 |                         | n an account in a qua<br>and 529(b)(1). | lified ABLE program, or under a  | qualified state tuition p | orogram.                        |
|            | ■ No          | .0. 33 330(b)(  | 1), 3237(0),            | and 323(b)(1).                          |  |                           |                                 |
|            | ☐ Yes         |                 | Institution             | name and description.                   | Separately file the records of any in  | terests.11 U.S.C. § 521   | (c):                            |
| <b>.</b> - |               |                 |                         |   |  |                           |                                 |
| 25.        | _             | s, equitable or | r tuture inte           | rests in property (oth                  | er than anything listed in line 1),  | and rights or powers e    | exercisable for your benefit    |
|            | ■ No          | Give specific   | nformation              | about them                              |  |                           |                                 |
|            | <b>—</b> 100. | . Dive specific | , ii ii Oi i i i ali Oi | about then                              |  |                           |                                 |

| De  | ebtor 1         | Salisha Lee Peeler   | Case number (if known)           |  |
|-----|-----------------|--|----------------------------------|--|
| 26. |                 | s, copyrights, trademarks, trade secrets, and other intellectual property<br>oles: Internet domain names, websites, proceeds from royalties and licensing agree              | ements                           |  |
|     | ☐ Yes.          | Give specific information about them   |                                  |  |
|     | Examp ■ No      | es, franchises, and other general intangibles  oles: Building permits, exclusive licenses, cooperative association holdings, liquor li  Give specific information about them | censes, professional licenses    |  |
| M   | oney or         | property owed to you?  |                                  | Current value of the   |
|     |                 |  |                                  | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref<br>■ No | unds owed to you   |                                  |  |
|     | ☐ Yes.          | Give specific information about them, including whether you already filed the return   | is and the tax years             |  |
| 29. | ,               | support  oles: Past due or lump sum alimony, spousal support, child support, maintenance, c  | divorce settlement, property se  | ettlement  |
|     | ☐ Yes.          | Give specific information  |                                  |  |
| 30. |                 | amounts someone owes you  oles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vac- benefits; unpaid loans you made to someone else             | ation pay, workers' compens      | ation, Social Security                                       |
|     | ■ No<br>□ Yes.  | Give specific information  |                                  |  |
| 31. |                 | ts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA); credit, home   | eowner's, or renter's insurance  | Э  |
|     | ☐ Yes.          | Name the insurance company of each policy and list its value.  Company name:  Bener  | ficiary:                         | Surrender or refund value:                                   |
| 32. | If you a        | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or ne has died.             | are currently entitled to receiv | re property because  |
|     |                 | Give specific information  |                                  |  |
| 33. | _Examp          | against third parties, whether or not you have filed a lawsuit or made a demander: Accidents, employment disputes, insurance claims, or rights to sue                        | and for payment                  |  |
|     | ■ No<br>□ Yes.  | Describe each claim  |                                  |  |
| 34. | Other o         | contingent and unliquidated claims of every nature, including counterclaims of   | of the debtor and rights to s    | et off claims  |
|     |                 | Describe each claim  |                                  |  |
| 35. | Any fin ■ No    | ancial assets you did not already list   |                                  |  |
|     | ☐ Yes.          | Give specific information  |                                  |  |
| 36  |                 | he dollar value of all of your entries from Part 4, including any entries for pag<br>rrt 4. Write that number here   |                                  | \$1,540.00   |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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| Debtor 1             | Salisha Lee Peeler  |                        | Case number (if known)       |              |
|----------------------|---|------------------------|------------------------------|--------------|
| 37. <b>Do yo</b>     | u own or have any legal or equitable interest in any business-related   | d property?            |                              |              |
| No.                  | Go to Part 6.   |                        |                              |              |
| ☐ Yes.               | Go to line 38.  |                        |                              |              |
|                      | Describe Any Farm- and Commercial Fishing-Related Property You (<br>f you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In.                       |              |
| 46. <b>Do y</b>      | ou own or have any legal or equitable interest in any farm-   | or commercial fishir   | ng-related property?         |              |
| ■ N                  | lo. Go to Part 7.   |                        |                              |              |
| ΠY                   | es. Go to line 47.  |                        |                              |              |
| Part 7:              | Describe All Property You Own or Have an Interest in That You   | Did Not List Above     |                              |              |
| Exal<br>■ No<br>□ Ye | s. Give specific information  | t number bere          |                              | <b>#0.00</b> |
| 54. <b>Au</b>        | d the dollar value of all of your entries from Part 7. Write tha  | t number nere          |                              | \$0.00       |
| Part 8:              | List the Totals of Each Part of this Form   |                        |                              |              |
| 55. <b>Par</b>       | t 1: Total real estate, line 2  |                        |                              | \$0.00       |
| 56. <b>Par</b>       | t 2: Total vehicles, line 5   | \$2,364.00             |                              |              |
| 57. <b>Par</b>       | t 3: Total personal and household items, line 15  | \$4,150.00             |                              |              |
| 58. <b>Par</b>       | t 4: Total financial assets, line 36  | \$1,540.00             |                              |              |
| 59. <b>Par</b>       | t 5: Total business-related property, line 45   | \$0.00                 |                              |              |
| 60. <b>Par</b>       | t 6: Total farm- and fishing-related property, line 52  | \$0.00                 |                              |              |
| 61. <b>Par</b>       | t 7: Total other property not listed, line 54 +   | \$0.00                 |                              |              |
| 62. <b>Tot</b>       | al personal property. Add lines 56 through 61   | \$8,054.00             | Copy personal property total | \$8,054.00   |
| 63. <b>Tot</b>       | al of all property on Schedule A/B. Add line 55 + line 62   |                        |                              | \$8.054.00   |

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| Debtor 1                          | Salisha Lee Peel         | er                 |           |                                      |
|-----------------------------------|--------------------------|--------------------|-----------|--------------------------------------|
|                                   | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2                          |                          |                    |           |                                      |
| (Spouse if, filing)               | First Name               | Middle Name        | Last Name |                                      |
| United States Backers Case number | ankruptcy Court for the: | DISTRICT OF MARYLA | ND        |                                      |
| (if known)                        |                          |                    |           | ☐ Check if this is an amended filing |

#### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo                   | ount of the exemption you claim                                 | Specific laws that allow exemption   |  |
|--------------------------------------|-----------------------|---|--|--|
| Copy the value from<br>Schedule A/B  | Che                   | eck only one box for each exemption.                            |  |  |
| \$2,364.00                           |                       | \$1,454.00  | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)   |  |
|                                      |                       | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$3,000.00                           |                       | \$1,000.00  |  |  |
|                                      |                       | 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)  |  |
| \$3,000.00                           |                       | \$856.00  | ,  |  |
|                                      |                       | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$3,000.00                           |                       | \$1,144.00  | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud.  |  |
|                                      |                       | 100% of fair market value, up to any applicable statutory limit |  |  |
|                                      |                       |   | Md. Code Ann., Cts. & Ju   |  |
| \$500.00                             | •                     | \$500.00  |  |  |
|                                      | \$2,364.00 \$3,000.00 | \$3,000.00  \$3,000.00  | Check only one box for each exemption.  \$2,364.00  \$1,454.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  \$1,000.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  \$1,000.00  100% of fair market value, up to any applicable statutory limit  \$3,000.00  \$1,144.00  100% of fair market value, up to any applicable statutory limit |  |

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| De | Salisna Lee Peeler   |                                      |     | Case number (if known)  |  |  |  |  |
|----|--|--------------------------------------|-----|---|--|--|--|--|
|    | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |  |  |  |  |
|    | Various women clothing Line from Schedule A/B: 11.1  | \$500.00                             |     | \$500.00  |  |  |  |  |
|    | Zino nem estricare / v Zi  |                                      |     | 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)  Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |  |  |  |
|    | Earrings, rings and necklaces Line from Schedule A/B: 12.1   | \$150.00                             |     | \$150.00  |  |  |  |  |
|    | Line Holli Schedule AV.B. 12.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 304()(1)(1)(1)   |  |  |  |
|    | Cash Line from Schedule A/B: 16.1  | \$40.00                              |     | \$40.00   |  |  |  |  |
|    | Ellie Holli Genedale Al D. 10.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 304()(1)(1)(1)   |  |  |  |
|    | Checking and Savings: Wells Fargo *estimated balance as of 10/16/2019  | \$1,500.00                           |     | \$1,500.00  |  |  |  |  |
|    | Line from Schedule A/B: 17.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit | 1100. 3 11 304(1)(1)(1)(1)   |  |  |  |
| 3. | Are you claiming a homestead exemption of more than \$170,350?  (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  No  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  No  Yes |                                      |     |   |  |  |  |  |
|    |  |                                      |     |   |  |  |  |  |

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|   | Case                 | 2 19-24301 DOC 1 Theu 10/  | 20/19 Tage 1/            | 01 34  |                          |
|---|----------------------|--|--------------------------|--|--------------------------|
| Fill in this information                      | on to identify you   | r case:  |                          |  |                          |
| Debtor 1                                      | Salisha Lee Pee      | ler  |                          |  |                          |
|   | irst Name            | Middle Name Last Name  |                          |  |                          |
| Debtor 2                                      |                      | AFTER N  |                          |  |                          |
| (Spouse if, filing) F                         | rirst Name           | Middle Name Last Name  |                          |  |                          |
| United States Bankru                          | ptcy Court for the:  | DISTRICT OF MARYLAND   |                          |  |                          |
| Case number                                   |                      |  |                          |  |                          |
| (if known)                                    |                      |  |                          | ☐ Check                                      | if this is an            |
|   |                      |  |                          | amend  | led filing               |
| Official Form 1                               | 06D                  |  |                          |  |                          |
|   |                      | Who Have Claims Secure   | ad hy Property           | J  | 12/15                    |
| Scriedule D.                                  | Creditors            | Wild Have Claims Secur   | ed by Property           | <u>y</u>                                     | 12/15                    |
|   |                      | If two married people are filing together, both are<br>out, number the entries, and attach it to this form |                          |  |                          |
| 1. Do any creditors have                      | e claims secured by  | your property?   |                          |  |                          |
| ☐ No. Check this                              | s box and submit th  | nis form to the court with your other schedules  | You have nothing else to | report on this form.                         |                          |
| Yes. Fill in all                              | of the information   | below.   |                          |  |                          |
| Part 1: List All Se                           | cured Claims         |  |                          |  |                          |
|   |                      | nore than one secured claim, list the creditor separat   | Column A                 | Column B                                     | Column C                 |
| for each claim. If more t                     | han one creditor has | a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.      |                          | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 CAR Financia                              | al Services          | Describe the property that secures the claim:  | \$910.00                 | \$2,364.00                                   | \$0.00                   |
| Creditor's Name                               |                      | 2009 Scion tC 204,000 miles  |                          |  |                          |
| Attac Danielana                               |                      |  |                          |  |                          |
| Attn: Bankru<br>59 Skyline Dr                 |                      | As of the date you file, the claim is: Check all that  | J                        |  |                          |
| Lake Mary, F                                  |                      | apply. ☐ Contingent  |                          |  |                          |
| Number, Street, City,                         | State & Zip Code     | ☐ Unliquidated   |                          |  |                          |
|   |                      | ☐ Disputed   |                          |  |                          |
| Who owes the debt?                            | Check one.           | Nature of lien. Check all that apply.  |                          |  |                          |
| Debtor 1 only                                 |                      | ☐ An agreement you made (such as mortgage or car loan)   | secured                  |  |                          |
| Debtor 2 only                                 |                      | ,<br>_   |                          |  |                          |
| ☐ Debtor 1 and Debtor                         | •                    | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                          |  |                          |
| At least one of the de                        |                      | ☐ Judgment lien from a lawsuit   |                          |  |                          |
| ☐ Check if this claim community debt          | relates to a         | ☐ Other (including a right to offset)  |                          |  |                          |
|   | Opened<br>12/19/17   |  |                          |  |                          |
|   | Last Active          | FOC  | <del>-</del>             |  |                          |
| Date debt was incurred                        | 6/25/19              | Last 4 digits of account number 586  | <u> </u>                 |  |                          |
|   |                      |  |                          |  |                          |
| Add the dollar value                          | of your entries in C | olumn A on this page. Write that number here:  | \$91                     | 0.00   |                          |
| If this is the last page Write that number he |                      | the dollar value totals from all pages.  | \$91                     | 0.00   |                          |
| write that number he                          |                      |  | <u> </u>                 |  |                          |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|  | Outo  | 10 2 100 1 2  | 700 1 11100 1072                                      | 0, 10 1                       | ago 10 01 01  |   |
|--|---|---|---|-------------------------------|---|---|
| Fill in this in                                    | nformation to identify your   | case:   |   |                               |   |   |
| Debtor 1   | Salisha Lee Peele   | ar .  |   |                               |   |   |
| Debior 1   | First Name  | Middle Name   | Last Name   |                               |   |   |
| Debtor 2<br>(Spouse if, filing)                    | First Name  | Middle Name   | Last Name   |                               |   |   |
| (Spouse II, IIIIIIg)                               | riistivallie  |   |   |                               |   |   |
| United State                                       | s Bankruptcy Court for the:   | DISTRICT OF MA                                      | RYLAND  |                               |   |   |
| Case numbe   | er  |   |   |                               |   |   |
| (if known)   |   |   |   |                               |   | Check if this is an                               |
|  |   |   |   |                               |   | amended filing                                    |
| Official F   | orm 106E/F  |   |   |                               |   |   |
|  | e E/F: Creditors W  | /ho Have Une  | secured Claims  |                               |   | 12/15   |
|  | e and accurate as possible. Us  |   |   | Part 2 for cre                | ditors with NONPRIORITY cl  |   |
| Schedule G: E<br>Schedule D: C<br>left. Attach the | contracts or unexpired leases<br>executory Contracts and Unexp<br>reductors Who Have Claims Sec<br>Continuation Page to this page<br>e number (if known). | oired Leases (Official F<br>cured by Property. If m | Form 106G). Do not include ore space is needed, copy  | any creditors<br>the Part you | s with partially secured clain<br>need, fill it out, number the o | ns that are listed in entries in the boxes on the |
| Part 1: Li   | ist All of Your PRIORITY Ur   | secured Claims                                      |   |                               |   |   |
| 1. Do any ci                                       | reditors have priority unsecure   | d claims against you?                               | <b>?</b>  |                               |   |   |
| No. G  | o to Part 2.  |   |   |                               |   |   |
| ☐ Yes.   |   |   |   |                               |   |   |
| Part 2:  | ist All of Your NONPRIORIT  | Y Unsecured Claim                                   | ns  |                               |   |   |
| 3. Do any co                                       | reditors have nonpriority unse  | cured claims against y                              | ou?   |                               |   |   |
| □ No. Yo   | ou have nothing to report in this p   | art. Submit this form to                            | the court with your other sche                        | edules.                       |   |   |
| ■ Yes.   |   |   |   |                               |   |   |
| unsecured  | i your nonpriority unsecured of<br>d claim, list the creditor separatel<br>creditor holds a particular claim, l   | y for each claim. For ea                            | ch claim listed, identify what t                      | ype of claim i                | t is. Do not list claims already i                                | ncluded in Part 1. If more                        |
|  |   |   |   |                               |   | Total claim                                       |
| 4.1 <b>Am</b>                                      | eriCredit/GM Financial  | Last 4  | digits of account number                              | 0325                          |   | \$26,000.00                                       |
|  | priority Creditor's Name  |   |   |                               |   |   |
|  | n: Bankruptcy<br>Box 183853   | When  | was the debt incurred?                                | 1/05/17                       | 1/27/15 Last Active   |   |
|  | ngton, TX 76096   | Wilch   | was the dest mountain                                 | 1/03/17                       |   | _   |
|  | ber Street City State Zip Code  | As of   | the date you file, the claim i                        | s: Check all t                | hat apply   |   |
| Who  | incurred the debt? Check one.   |   |   |                               |   |   |
| ■ D  | ebtor 1 only  | □с₀   | ntingent  |                               |   |   |
|  | ebtor 2 only  | ☐ Un  | liquidated  |                               |   |   |
| □D   | ebtor 1 and Debtor 2 only   | ☐ Dis   | •   |                               |   |   |
| ПА   | t least one of the debtors and an   | Out of  | of NONPRIORITY unsecured                              | d claim:                      |   |   |
|  | heck if this claim is for a com   | munity  | udent loans   |                               |   |   |
| debt<br>Is the                                     | e claim subject to offset?  |   | ligations arising out of a sepa<br>as priority claims | ration agreen                 | nent or divorce that you did not                                  |   |
| ■ N  | -   |   | bts to pension or profit-sharin                       | g plans, and                  | other similar debts   |   |
| <b>—</b> N   | o.  |   | Automobile  | •                             |   |   |
| □Y   | es  | ■ Oth   | her. Specify 2015 Mitsul                              | bishi Outla                   | ander   |   |

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| Debtor 1 Salisha Lee Peeler |   |  |  |            |
|-----------------------------|---|--|--|------------|
| 4.2                         | At&T Mobility   | Last 4 digits of account number                            | 6126   | \$1,217.19 |
|                             | Nonpriority Creditor's Name PO BOX 536216   | When was the debt incurred?                                |  |            |
|                             | Atlanta, GA 30353  Number Street City State Zip Code  | As of the date you file, the claim i                       | s: Check all that apply                      |            |
|                             | Who incurred the debt? Check one.   |  | ,  |            |
|                             | Debtor 1 only   | ☐ Contingent   |  |            |
|                             | Debtor 2 only   | ☐ Unliquidated   |  |            |
|                             | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|                             | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|                             | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|                             | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|                             | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|                             | Yes   | Other. Specify   |  |            |
| 4.3                         | Autotrakk Llc   | Last 4 digits of account number                            | 6369   | \$2,107.00 |
|                             | Nonpriority Creditor's Name Attn: Bankruptcy Department 1500 Sycamore Rd., Ste. 200 Montoursville, PA 17754 | When was the debt incurred?                                | Opened 02/13 Last Active 7/31/18             |            |
|                             | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim                         | s: Check all that apply                      |            |
|                             | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|                             | Debtor 2 only   | ☐ Unliquidated   |  |            |
|                             | Debtor 1 and Debtor 2 only  | Disputed   |  |            |
|                             | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|                             | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|                             | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|                             | No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|                             | Yes   | Other. Specify Lease                                       |  |            |
| 4.4                         | Barac Company   | Last 4 digits of account number                            |  | Unknown    |
|                             | Nonpriority Creditor's Name 6901 4th Street NW Washington, DC 20012   | When was the debt incurred?                                |  |            |
|                             | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim                         | s: Check all that apply                      |            |
|                             | Debtor 1 only   | ☐ Contingent   |  |            |
|                             | Debtor 2 only   | ☐ Unliquidated   |  |            |
|                             | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|                             | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|                             | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|                             | debt  |  | ration agreement or divorce that you did not |            |
|                             | Is the claim subject to offset?   | report as priority claims                                  |  |            |
|                             | No  | ☐ Debts to pension or profit-sharin                        |  |            |
|                             | Yes   | ■ Other. Specify Washington                                | t 1721 T Street SE Apt 307<br>n DC 20020     |            |

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| Debtor 1 Salisha Lee Peeler |   | Case number (if known)                                     |  |            |  |  |
|-----------------------------|---|--|--|------------|--|--|
| 4.5                         | Central Collection Unit Nonpriority Creditor's Name         | Last 4 digits of account number                            | 5238   | \$1,576.00 |  |  |
|                             | PO Box 2278   | When was the debt incurred?                                |  |            |  |  |
|                             | Glen Burnie, MD 21060  Number Street City State Zip Code    | As of the date you file, the claim i                       | s: Check all that apply  |            |  |  |
|                             | Who incurred the debt? Check one.                           |  |  |            |  |  |
|                             | Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|                             | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|                             | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed   |  |            |  |  |
|                             | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                              | d claim:   |            |  |  |
|                             | ☐ Check if this claim is for a community                    | ☐ Student loans  |  |            |  |  |
|                             | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not   |            |  |  |
|                             | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts   |            |  |  |
|                             | Yes   | Other. Specify   |  |            |  |  |
| 4.6                         | Childrens Hospital  | Last 4 digits of account number                            | 0235   | \$850.25   |  |  |
|                             | Nonpriority Creditor's Name                                 | -  |  | · ·        |  |  |
|                             | PO Box 37214  | When was the debt incurred?                                |  |            |  |  |
|                             | Baltimore, MD 21297-3214  Number Street City State Zip Code | As of the date you file, the claim i                       |  |            |  |  |
|                             | Who incurred the debt? Check one.                           | ,  | and appropriate the second sec |            |  |  |
|                             | Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|                             | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|                             | Debtor 1 and Debtor 2 only                                  | □ Disputed   |  |            |  |  |
|                             | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                              | d claim:   |            |  |  |
|                             | ☐ Check if this claim is for a community                    | ☐ Student loans  |  |            |  |  |
|                             | debt  | Obligations arising out of a sepa                          | ration agreement or divorce that you did not   |            |  |  |
|                             | Is the claim subject to offset?                             | report as priority claims                                  |  |            |  |  |
|                             | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts   |            |  |  |
|                             | Yes   | Other. Specify   |  |            |  |  |
| 4.7                         | Conduent/Suntrust Bank                                      | Last 4 digits of account number                            | 6891   | Unknown    |  |  |
|                             | Nonpriority Creditor's Name                                 |  | Opened 06/06 Last Active   |            |  |  |
|                             | Attn: Claims Department Po Box 7051                         | When was the debt incurred?                                | 4/17/09  |            |  |  |
|                             | Utica, NY 13504   |  |  |            |  |  |
|                             | Number Street City State Zip Code                           | As of the date you file, the claim i                       | s: Check all that apply  |            |  |  |
|                             | Who incurred the debt? Check one.                           | _  |  |            |  |  |
|                             | ■ Debtor 1 only   | Contingent   |  |            |  |  |
|                             | Debtor 2 only   | Unliquidated   |  |            |  |  |
|                             | ☐ Debtor 1 and Debtor 2 only                                | Disputed   |  |            |  |  |
|                             | $\square$ At least one of the debtors and another           | Type of NONPRIORITY unsecured                              | a claim:   |            |  |  |
|                             | Check if this claim is for a community                      | Student loans  |  |            |  |  |
|                             | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not   |            |  |  |
|                             |   | Debts to pension or profit-sharin                          | a plans, and other similar debte   |            |  |  |
|                             | ■ No  | <u> </u>   | g pians, and other similal debts   |            |  |  |
|                             | Yes   | Other. Specify   |  |            |  |  |
|                             |   | Educationa   | l <b>i</b>   |            |  |  |

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| Debtor 1 Salisha Lee Peeler |  | Case number (if known)  |            |  |  |
|-----------------------------|--|---|------------|--|--|
| 4.8                         | Dc Fire And EMS Department                   | Last 4 digits of account number 5789  | \$473.85   |  |  |
|                             | Nonpriority Creditor's Name PO Box 27767     | When was the debt incurred?   | ,          |  |  |
|                             | Washington, DC 20038-7767                    |   |            |  |  |
|                             | Number Street City State Zip Code            | As of the date you file, the claim is: Check all that apply                             |            |  |  |
|                             | Who incurred the debt? Check one.            |   |            |  |  |
|                             | Debtor 1 only                                | ☐ Contingent  |            |  |  |
|                             | Debtor 2 only                                | ☐ Unliquidated  |            |  |  |
|                             | ☐ Debtor 1 and Debtor 2 only                 | ☐ Disputed  |            |  |  |
|                             | ☐ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:  |            |  |  |
|                             | ☐ Check if this claim is for a community     | ☐ Student loans   |            |  |  |
|                             | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not |            |  |  |
|                             | Is the claim subject to offset?              | report as priority claims   |            |  |  |
|                             | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |            |  |  |
|                             | Yes  | Other. Specify  |            |  |  |
| 4.9                         | DNA Diagnostic Center                        | Last 4 digits of account number 4867  | \$1,500.00 |  |  |
|                             | Nonpriority Creditor's Name                  | When was the debt incurred?   |            |  |  |
|                             | One DDC Way<br>Fairfield, OH 45014           | when was the debt incurred?   |            |  |  |
|                             | Number Street City State Zip Code            | As of the date you file, the claim is: Check all that apply                             |            |  |  |
|                             | Who incurred the debt? Check one.            |   |            |  |  |
|                             | Debtor 1 only                                | ☐ Contingent  |            |  |  |
|                             | Debtor 2 only                                | ☐ Unliquidated  |            |  |  |
|                             | ☐ Debtor 1 and Debtor 2 only                 | □ Disputed  |            |  |  |
|                             | ☐ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:  |            |  |  |
|                             | ☐ Check if this claim is for a community     | ☐ Student loans   |            |  |  |
|                             | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not         |            |  |  |
|                             | Is the claim subject to offset?              | report as priority claims   |            |  |  |
|                             | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts             |            |  |  |
|                             | Yes  | Other. Specify  |            |  |  |
| 4.1                         |  |   | ******     |  |  |
| 0                           | Donovan J Spence Nonpriority Creditor's Name | Last 4 digits of account number   | \$6,161.25 |  |  |
|                             | 8810 Cipriano Court<br>Lanham, MD 20706      | When was the debt incurred?   |            |  |  |
|                             | Number Street City State Zip Code            | As of the date you file, the claim is: Check all that apply                             |            |  |  |
|                             | Who incurred the debt? Check one.            |   |            |  |  |
|                             | Debtor 1 only                                | ☐ Contingent  |            |  |  |
|                             | Debtor 2 only                                | ☐ Unliquidated  |            |  |  |
|                             | Debtor 1 and Debtor 2 only                   | □ Disputed  |            |  |  |
|                             | ☐ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:  |            |  |  |
|                             | ☐ Check if this claim is for a community     | ☐ Student loans   |            |  |  |
|                             | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not         |            |  |  |
|                             | Is the claim subject to offset?              | report as priority claims   |            |  |  |
|                             | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |            |  |  |
|                             | ☐ Yes  | Other. Specify  |            |  |  |
|                             |  |   |            |  |  |

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| Debto    | Salisha Lee Peeler   | Case number (if known)   |             |
|----------|--|--|-------------|
| 4.1<br>1 | Donovan Spence   | Last 4 digits of account number 2017   | \$3,608.03  |
|          | Nonpriority Creditor's Name<br>8810 Cipriano Ct<br>Lanham, MD 20706  | When was the debt incurred?  |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                                       | As of the date you file, the claim is: Check all that apply  |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |             |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |             |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | □ Yes  | Other. Specify   |             |
| 4.1      | Doral Terrance Apartments  | Last 4 digits of account number  | \$8,000.00  |
|          | Nonpriority Creditor's Name The District at Forestville 2723 Lorring Drive #102 District Heights, MD 20747 | When was the debt incurred?  |             |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply  |             |
|          | ■ Debtor 1 only  | ☐ Contingent   |             |
|          | Debtor 2 only  | ☐ Unliquidated   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |             |
|          | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not<br>report as priority claims |             |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | ☐ Yes  | ■ Other. Specify Apartment 2737 Lorring Drive #104 District Heights, MD 20747                              |             |
| 4.1      | Dulles Toll Road   | Last 4 digits of account number 2400   | \$10,000.00 |
|          | Nonpriority Creditor's Name Fairfax General District Court - Traffic                                       | When was the debt incurred?  |             |
|          | Po Box 10157 Fairfax, VA 22038 Number Street City State Zip Code Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply  |             |
|          | Debtor 1 only  | ☐ Contingent   |             |
|          | Debtor 2 only  | □ Unliquidated   |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |             |
|          | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not            |             |
|          | Is the claim subject to offset?  | report as priority claims  |             |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|          | ☐ Yes  | Other Specify  |             |

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| Debto    | Salisha Lee Peeler   |  | Case number (if known)                       |            |
|----------|--|--|--|------------|
| 4.1<br>4 | ERC/Enhanced Recovery Corp   | Last 4 digits of account number                                | 2704   | \$1,080.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256       | When was the debt incurred?                                    | Opened 12/14 Last Active 12/14/15            |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim i                           | s: Check all that apply                      |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|          | $\square$ Check if this claim is for a community   | Student loans  |  |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify Collection                                      | Attorney Tmobile                             |            |
| 4.1<br>5 | ERC/Enhanced Recovery Corp  Nonpriority Creditor's Name                                      | Last 4 digits of account number                                | 8963   | \$603.00   |
|          | Attn: Bankruptcy<br>8014 Bayberry Road   | When was the debt incurred?                                    | Opened 10/18                                 |            |
|          | Jacksonville, FL 32256  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                           | s: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|          | Check if this claim is for a community   | Student loans  |  |            |
|          | debt Is the claim subject to offset? —   | report as priority claims                                      | ration agreement or divorce that you did not |            |
|          | No   | Debts to pension or profit-sharin                              |  |            |
|          | Yes  | Other. Specify Communication                                   | Attorney Comcast Cable ations                |            |
| 4.1<br>6 | Geico Insurance  Nonpriority Creditor's Name   | Last 4 digits of account number                                | 2851   | \$300.00   |
|          | One /geico Blvd<br>Fredericksburg, VA 22412  | When was the debt incurred?                                    |  |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                          | As of the date you file, the claim i                           | s: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|          | ☐ Check if this claim is for a community   | Student loans  |  |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|          | □Yes   | Other Specify  |  |            |

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| Debto    | Salisha Lee Peeler   | Case number (if known)  |            |
|----------|--|---|------------|
| 4.1<br>7 | HSBC/Scusa   | Last 4 digits of account number 3430  | \$2,600.00 |
|          | Nonpriority Creditor's Name PO Box 961245  | When was the debt incurred?   |            |
|          | Fort Worth, TX 76161  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes  | ■ Other. Specify 2004 Chrysler Pacifica   |            |
| 4.1<br>8 | Hunter Warfield  | Last 4 digits of account number 3455  | \$9,402.00 |
|          | Nonpriority Creditor's Name Attention: Bankruptcy 4620 Woodland Corporate Blvd             | When was the debt incurred? Opened 04/13  |            |
|          | Tampa, FL 33614  Number Street City State Zip Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | Student loans   |            |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | ☐ Yes  | ■ Other. Specify Collection Attorney Meadow Green Courts Apartments                                       |            |
| 4.1<br>9 | Marine Federal Credit Union  Nonpriority Creditor's Name                                   | Last 4 digits of account number 3967  | \$2,500.00 |
|          | PO Box 1551 Jacksonville, NC 28541   | When was the debt incurred?   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | □ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | □Yes   | Auto Repossessed  Other. Specify 2004 Podge Intropid  |            |

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| Debto   | Salisha Lee Peeler   |  | Case number (if known)                                      |            |  |  |  |  |
|---|--|--|---|------------|--|--|--|--|
| 4.2   | MRIS   | Last 4 digits of account number                            | 0883  | \$1,000.00 |  |  |  |  |
|   | Nonpriority Creditor's Name PO Box 37093   | When was the debt incurred?                                |   |            |  |  |  |  |
|   | Baltimore, MD 21297  | _  |   |            |  |  |  |  |
| 4.2   MF   Nor   PC   Ba   Nur   Wh   I   I   I   I   I   I   I   I   I | Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim                         | As of the date you file, the claim is: Check all that apply |            |  |  |  |  |
|   | Debtor 1 only  | Пол  |   |            |  |  |  |  |
|   |  | ☐ Contingent   |   |            |  |  |  |  |
|   | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |  |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                   | d alaim.  |            |  |  |  |  |
|   | At least one of the debtors and another  | Student loans  | a ciaini.   |            |  |  |  |  |
|   | ☐ Check if this claim is for a community debt                                      | ☐ Obligations arising out of a sepa                        | aration agreement or divorce that you did not               |            |  |  |  |  |
|   | Is the claim subject to offset?  | report as priority claims                                  |   |            |  |  |  |  |
|   | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts                            |            |  |  |  |  |
|   | □ Yes  | Other. Specify   |   |            |  |  |  |  |
| 4.2   | Nationwide Credit Corporation  | Last 4 digits of account number                            | 3389  | \$730.00   |  |  |  |  |
|   | Nonpriority Creditor's Name PO Box 9156 Alexandria, VA 22304-0156                  | When was the debt incurred?                                |   |            |  |  |  |  |
|   | Number Street City State Zip Code  | As of the date you file, the claim                         | is: Check all that apply                                    |            |  |  |  |  |
|   | Who incurred the debt? Check one.  | •  | ,   |            |  |  |  |  |
|   | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |  |
|   | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |  |
|   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:  |            |  |  |  |  |
|   | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |  |  |  |  |
|   | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not                |            |  |  |  |  |
|   | ■ No   | ☐ Debts to pension or profit-sharing                       | g plans, and other similar debts                            |            |  |  |  |  |
|   | □Yes   | Other. Specify Washingto                                   | n Gas   |            |  |  |  |  |
| 40  |  |  |   |            |  |  |  |  |
| 2   | Navient Nonpriority Creditor's Name  | Last 4 digits of account number                            | 0129  | \$4,987.00 |  |  |  |  |
|   | Attn: Bankruptcy<br>Po Box 9640  | When was the debt incurred?                                | Opened 01/07 Last Active 7/31/19                            |            |  |  |  |  |
|   | Wilkes-Barre, PA 18773  Number Street City State Zip Code                          | As of the date you file the claim                          | Or Charle all that apply                                    |            |  |  |  |  |
|   | Who incurred the debt? Check one.  | As of the date you file, the claim                         | <b>s.</b> Спеск ан that арріу                               |            |  |  |  |  |
|   | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |  |
|   | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |  |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |  |
|   | At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:  |            |  |  |  |  |
|   | ☐ At least one of the deptors and another ☐ Check if this claim is for a community | Student loans  |   |            |  |  |  |  |
|   | debt   | Obligations arising out of a sepa                          | ration agreement or divorce that you did not                |            |  |  |  |  |
|   | Is the claim subject to offset?  | report as priority claims                                  | 5   |            |  |  |  |  |
|   | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts                            |            |  |  |  |  |
|   | ☐ Yes  | Other. Specify   |   |            |  |  |  |  |

**Educational** 

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| Debtor   | 1 Salisha Lee Peeler  |   | Case number (if known)  |                            |
|----------|---|---|---|----------------------------|
| 4.2      | Navient   | Last 4 digits of account number   | 0129  | \$2,817.00                 |
| 3        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773 Number Street City State Zip Code   | When was the debt incurred?  As of the date you file, the claim i   | Opened 06/06 Last Active 7/31/19  | <b>V</b> -,0 · · · · · · · |
|          | Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated ☐ Disputed  |   |                            |
|          | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | Type of NONPRIORITY unsecured  Student loans  ○ Obligations arising out of a separeport as priority claims  ○ Debts to pension or profit-sharin  ○ Other. Specify | ration agreement or divorce that you did not g plans, and other similar debts |                            |
|          |   | Educationa  | l   |                            |
| 4.2<br>4 | Navient   | Last 4 digits of account number   | 0129  | \$2,360.00                 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773   | When was the debt incurred?   | Opened 01/07 Last Active 7/31/19  |                            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only   | As of the date you file, the claim i  | s: Check all that apply   |                            |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ■ Student loans  | d claim:  |                            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not                                  |                            |
|          | ■ No □ Yes  | ☐ Debts to pension or profit-sharin ☐ Other. Specify Educationa   |   |                            |
| 4.2<br>5 | Navient Navient Navier Navier   | Last 4 digits of account number   | 0129  | \$1,657.00                 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773   | When was the debt incurred?   | Opened 06/06 Last Active 7/31/19  |                            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that apply   |                            |
|          | Debtor 1 only   | ☐ Contingent  |   |                            |
|          | Debtor 2 only   | Unliquidated  |   |                            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  | L.L.  |                            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | a ciaim:  |                            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ■ Student loans □ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not                                  |                            |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts  |                            |
|          | Yes   | Other. Specify  |   |                            |
|          |   | Educationa  | I   |                            |

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| Debio    | Salisna Lee Peeler  | Case number (if known)  |             |
|----------|---|---|-------------|
| 4.2<br>6 | Рерсо   | Last 4 digits of account number 2624  | Unknown     |
|          | Nonpriority Creditor's Name 701 Ninth St NW   | When was the debt incurred?   |             |
|          | Washington, DC 20068-0001  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|          | Debtor 1 only   | ☐ Contingent  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | Yes   | ■ Other. Specify  |             |
| 4.2      |   |   | 40.000.00   |
| 7        | Progressive Lending LLC  Nonpriority Creditor's Name  | Last 4 digits of account number   | \$3,000.00  |
|          | 256 West Date Drive<br>Draper, UT 84020   | When was the debt incurred?   |             |
|          | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |
|          | Who incurred the debt? Check one.   |   |             |
|          | Debtor 1 only   | ☐ Contingent  |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |             |
|          | Yes   | Other. Specify  |             |
| 4.2      | Quiza Management LLC  |   | \$40,000.00 |
| 8        | Nonpriority Creditor's Name   | Last 4 digits of account number   | Ψ40,000.00  |
|          | Marisa Scott<br>4550 Forbes Blvd #120   | When was the debt incurred?   |             |
|          | Lanham, MD 20706  |   |             |
|          | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |
|          | Who incurred the debt? Check one.   |   |             |
|          | Debtor 1 only   | ☐ Contingent  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community  | Student loans   |             |
|          | debt<br>Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |             |
|          | □Yes  | 3141 Forest Run Drive, District Heights, MD  ■ Other. Specify 20747                                       |             |

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| Debt     | or 1 Salisha Lee Peeler  | Case number (if known)  |            |
|----------|--|---|------------|
| 4.2<br>9 | RNC  | Last 4 digits of account number 4808  | Unknown    |
|          | Nonpriority Creditor's Name  |   |            |
|          | 1304 F Street NW   | When was the debt incurred?   |            |
|          | Washington, DC 20004  Number Street City State Zip Code              | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    | As of the date you me, the claim is. Check all that apply   |            |
|          | ■ Debtor 1 only  | □ Continued   |            |
|          | ′  | ☐ Contingent  |            |
|          | Debtor 2 only  | Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          |  |   |            |
|          | ☐ Yes  | Other. Specify  |            |
| 4.3      | Rosecroft Mews Apartment   | Last 4 digits of account number 5540  | \$9,000.00 |
| 0        | Nonpriority Creditor's Name  | Last 4 digits of account number ————————————————————————————————————                                      | Ψ3,000.00  |
|          | Finesa Real Estate Group   | When was the debt incurred?   |            |
|          | 15850 Crabbs Branch Way  |   |            |
|          | Derwood, MD 20855  | - As file has a file described Of the file of   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | _  |   |            |
|          | ■ Debtor 1 only  | Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|          | Check if this claim is for a community                               | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | Yes  | ■ Other. Specify  |            |
| 4.3      | Southwest Credit Systems   | Last 4 digits of account number 0481  | \$333.00   |
|          | Nonpriority Creditor's Name  |   |            |
|          | 4120 International Parkway   | When was the debt incurred? Opened 02/19  |            |
|          | Suite 1100   |   |            |
|          | Carrollton, TX 75007  Number Street City State Zip Code              | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    | no or and unit you me, and oranni or or look an anat apply  |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|          | Is the claim subject to offset?                                      | report as priority claims   |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | ■ Other. Specify Collection Attorney Comcast  |            |

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| Debtor             | 1 Salisha Lee Peeler  |  | Case nu          | ımber (if known)   |                         |
|--------------------|---|--|------------------|--|-------------------------|
| 4.2                |   |  |                  |  |                         |
| 4.3                | Sprint  | Last 4 digits of account num   | nber             |  | \$957.00                |
|                    | Nonpriority Creditor's Name PO Box 8077   | When was the debt incurred   | l?               |  |                         |
|                    | London, KY 40742-8077  Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the c   | laim is: Check   | all that apply   |                         |
|                    | Debtor 1 only   | ☐ Contingent   |                  |  |                         |
|                    | Debtor 2 only   | ☐ Unliquidated   |                  |  |                         |
|                    | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                  |  |                         |
|                    | ☐ At least one of the debtors and another   | Type of NONPRIORITY unse   | cured claim:     |  |                         |
|                    | ☐ Check if this claim is for a community  | ☐ Student loans  |                  |  |                         |
|                    | debt Is the claim subject to offset?  | Obligations arising out of a report as priority claims                             | separation agr   | reement or divorce that you did not                          |                         |
|                    | ■ No  | ☐ Debts to pension or profit-s   | sharing plans, a | and other similar debts                                      |                         |
|                    | □Yes  | Other. Specify   |                  |  |                         |
| 4.3                | Washington Suburban Sanitary<br>Commission  | Last 4 digits of account num   | nber 4485        |  | \$500.00                |
|                    | Nonpriority Creditor's Name<br>14501 Sweitzer Ln<br>Laurel, MD 20707-5901   | When was the debt incurred   | 1?               |  |                         |
|                    | Number Street City State Zip Code   | As of the date you file, the c   | laim is: Check   | all that apply   |                         |
|                    | Who incurred the debt? Check one.   |  |                  |  |                         |
|                    | Debtor 1 only   | ☐ Contingent   |                  |  |                         |
|                    | Debtor 2 only   | ☐ Unliquidated   |                  |  |                         |
|                    | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                  |  |                         |
|                    | ☐ At least one of the debtors and another   | Type of NONPRIORITY unse   | cured claim:     |  |                         |
|                    | $\square$ Check if this claim is for a community  | ☐ Student loans  |                  |  |                         |
|                    | debt Is the claim subject to offset?  |  | separation agr   | reement or divorce that you did not                          |                         |
|                    |   | report as priority claims  Debts to pension or profit-s                            | sharing plana a  | and other similar debte                                      |                         |
|                    | ■ No  | <u>_</u>   |                  |  |                         |
|                    | ☐ Yes   | Other. Specify   |                  |  |                         |
| Part 3:            | List Others to Be Notified About a  | Debt That You Already Listed   |                  |  |                         |
| is tryii<br>have r | is page only if you have others to be notifie<br>ng to collect from you for a debt you owe to<br>more than one creditor for any of the debts<br>ad for any debts in Parts 1 or 2, do not fill o | someone else, list the original credi<br>that you listed in Parts 1 or 2, list the | tor in Parts 1 o | or 2, then list the collection agency                        | here. Similarly, if you |
|                    | nd Address  | On which entry in Part 1 or Part 2 di  |                  |  |                         |
| 2 Well             | Collection Services   | Line <u>4.16</u> of ( <i>Check one</i> ):  |                  | Creditors with Priority Unsecured Clair                      |                         |
|                    | on Center, MA 02459-3225  |  | ■ Part 2: C      | Creditors with Nonpriority Unsecured (                       | Claims                  |
|                    |   | Last 4 digits of account number  | 29               | 975  |                         |
|                    | nd Address<br>Financial Solutions   | On which entry in Part 1 or Part 2 div<br>Line <b>4.30</b> of (Check one):         | <i>'</i> —       | riginal creditor?<br>Creditors with Priority Unsecured Clair | ms                      |
|                    | Edmonston Rd Suite 20   |  |                  | Creditors with Nonpriority Unsecured (                       |                         |
| Green              | belt, MD 20770  | Last 4 digits of account number  | 55               | 540  |                         |
|                    |   |  |                  |  |                         |
| Part 4:            | -   |  | ical reporting   | nurnosos only 2011 S.C. 8450. Add                            | I the emounts for each  |
|                    | the amounts of certain types of unsecured<br>of unsecured claim.  | olanna. Tina imorniation ia foi statist  | icai reporting   |  | i the amounts for each  |
|                    | 6a. Domestic support obligati   | ions   | 6a.              | Total Claim  |                         |
|                    | Total   |  | oa.              | \$0.00   |                         |
| cla<br>from P      | aims<br>art 1 6b. Taxes and certain other de  | ebts you owe the government  | 6b.              | \$   |                         |

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#### Debtor 1 Salisha Lee Peeler Case number (if known) Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. Student loans 6f. 11,821.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 133,498.57 Total Nonpriority. Add lines 6f through 6i. 6j. 145,319.57

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| Fill in this infor  | mation to identify your  | case:               |           |  |
|---------------------|--------------------------|---------------------|-----------|--|
| Debtor 1            | Salisha Lee Peele        | er                  |           |  |
|                     | First Name               | Middle Name         | Last Name |  |
| Debtor 2            |                          |                     |           |  |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF MARYLAN | ID        |  |
| Case number         |                          |                     |           |  |
| (if known)          |                          |                     |           |  |
|                     |                          |                     |           |  |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Progressive Lending LLC
256 West Date Drive
Draper, UT 84020

State what the contract or lease is for

Furniture Lease

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| Fill in this               | s information to identify you                                      | r case:  |   |   |  |
|----------------------------|--|--|---|---|--|
| Debtor 1                   | Salisha Lee Pee  | ler  |   |   |  |
| <b>D</b> 14 0              | First Name   | Middle Name  | Last Name   |   |  |
| Debtor 2<br>(Spouse if, fi | ing) First Name  | Middle Name  | Last Name   |   |  |
| United Sta                 | ates Bankruptcy Court for the:                                     | DISTRICT OF MARYLA                                     | ND  |   |  |
| Case num<br>(if known)     | nber   |  |   |   | ☐ Check if this is an amended filing   |
|                            | al Form 106H<br>dule H: Your Cod                                   | lebtors  |   |   | 12/15  |
| people are                 | e filing together, both are eq                                     | ually responsible for supper boxes on the left. Attach | olying correct informat<br>In the Additional Page t | ion. If more space is i   | rate as possible. If two married<br>needed, copy the Additional Page,<br>p of any Additional Pages, write        |
| 1. Do                      | you have any codebtors? (I   | f you are filing a joint case,                         | do not list either spouse                           | as a codebtor.  |  |
| ■ No                       |  |  |   |   |  |
|                            | thin the last 8 years, have yo<br>na, California, Idaho, Louisiana |  |   |   | ty states and territories include<br>)   |
| `                          | . Go to line 3.<br>s. Did your spouse, former spo                  | ouse, or legal equivalent live                         | e with you at the time?                             |   |  |
| in lin<br>Form             | e 2 again as a codebtor only                                       | if that person is a guaran                             | tor or cosigner. Make                               | sure you have listed t  | ng with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                            | Column 1: Your codebtor<br>Name, Number, Street, City, State and 2 | ZIP Code   |   | Column 2: The cr<br>Check all schedul   | editor to whom you owe the debt es that apply:   |
| 3.1                        | Name   |  |   | <ul><li>☐ Schedule D, lir</li><li>☐ Schedule E/F,</li><li>☐ Schedule G, lir</li></ul> | line   |
|                            | Number Street<br>City  | State  | ZIP Code  | _   |  |
| 3.2                        | Name   |  |   | Schedule D, lir   |  |
|                            |  |  |   | ☐ Schedule E/F, ☐ Schedule G, lir   |  |
|                            | Number Street  | State  | ZIP Code  |   |  |

| Fill               | in this information to identify your c  | ase:  |                     |                                |                       |                |  |                      |                                |                   |
|--------------------|---|---|---------------------|--------------------------------|-----------------------|----------------|--|----------------------|--------------------------------|-------------------|
| Del                | otor 1 Salisha Lee  | Peeler  |                     |                                |                       | _              |  |                      |                                |                   |
|                    | otor 2  |   |                     |                                |                       | _              |  |                      |                                |                   |
| Uni                | ted States Bankruptcy Court for the   | e: DISTRICT OF MARY   | AND                 |                                |                       |                |  |                      |                                |                   |
|                    | se number<br>   |   |                     |                                |                       |                |  | d filing<br>ent show | wing postpetitio               | •                 |
| 0                  | fficial Form 106I   |   |                     |                                |                       |                | MM / DD/ Y                               | YYY                  |                                |                   |
| S                  | chedule I: Your Inc   | ome   |                     |                                |                       |                |  |                      |                                | 12/15             |
| sup<br>spo<br>atta | es complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filli<br>ur spouse is not filing wi<br>On the top of any additi | ng joint<br>th you, | ly, and your s<br>do not inclu | spouse i<br>de infori | s liv<br>natio | ing with you, inclo<br>on about your spo | ude infouse. If      | ormation abou<br>more space is | t your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debte               | or 1                           |                       |                | Debtor 2                                 | or noi               | n-filing spouse                |                   |
|                    | If you have more than one job,  | Employment status   | ■ En                | nployed                        |                       |                | ■ Emplo                                  | oyed                 |                                |                   |
|                    | attach a separate page with information about additional  | Employment status   | □ No                | ot employed                    |                       |                | ☐ Not e                                  | mploye               | ed                             |                   |
|                    | employers.  | Occupation  | Post                | al Dispatch                    | er                    |                | Service                                  | Write                | er                             |                   |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name   | Com                 | mand Secu                      | rity Co               | rp             | Ourism                                   | an Im                | ports Inc                      |                   |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address  |                     | Herndon Pa<br>Idon, VA 20      |                       | Ste            | A 4404 Bı                                | anch                 | tsubishi<br>Ave<br>MD 20748    |                   |
|                    |   | How long employed to  | nere?               | About 6                        | 6 years               |                |  | bout                 | 5 years                        |                   |
| Par                | Give Details About Mo   | nthly Income  |                     |                                |                       |                |  |                      |                                |                   |
|                    | mate monthly income as of the duse unless you are separated.  | late you file this form. If   | you hav             | e nothing to re                | eport for             | any I          | line, write \$0 in the                   | space.               | . Include your no              | on-filing         |
|                    | u or your non-filing spouse have m<br>e space, attach a separate sheet to   |   | mbine t             | he information                 | n for all e           | mplo           | oyers for that perso                     | n on th              | ne lines below. If             | you need          |
|                    |   |   |                     |                                |                       |                | For Debtor 1                             |                      | Debtor 2 or<br>-filing spouse  |                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |                     |                                | 2.                    | \$             | 3,864.84                                 | \$                   | 2,600.00                       | <u> </u>          |
| 3.                 | Estimate and list monthly over  | time pay.   |                     |                                | 3.                    | +\$            | 0.00                                     | +\$                  | 0.00                           | )                 |

Official Form 106I Schedule I: Your Income page 1

3,864.84

2,600.00

Calculate gross Income. Add line 2 + line 3.

| Debt | or 1           | Salisha Lee Peeler   | _          | Ca | ase number (if ki | nown)        |          |               |                |          |
|------|----------------|--|------------|----|-------------------|--------------|----------|---------------|----------------|----------|
|      |                |  |            | F  | For Debtor 1      |              |          | or Debtor 2   |                |          |
|      | Con            | y line 4 here  | 4.         | _  | 2 96              | 101          | no<br>\$ | on-filing spo | ouse<br>00.00  |          |
|      | COP            | y lille 4 fiere  | 4.         | •  | 3,864             | +.04         | Ψ_       | 2,00          | JU.UU          |          |
| 5.   | List           | all payroll deductions:  |            |    |                   |              |          |               |                |          |
|      | 5a.            | Tax, Medicare, and Social Security deductions  | 5a.        | 9  | 680               | 0.37         | \$       | 32            | 26.78          |          |
|      | 5b.            | Mandatory contributions for retirement plans   | 5b.        |    |                   | 0.00         | \$       |               | 0.00           |          |
|      | 5c.            | Voluntary contributions for retirement plans   | 5c.        | 9  |                   | 0.00         | \$_      |               | 43.33          |          |
|      | 5d.            | Required repayments of retirement fund loans   | 5d.        | 9  |                   | 0.00         | \$_      |               | 16.67          |          |
|      | 5e.<br>5f.     | Insurance Domestic support obligations   | 5e.<br>5f. | 9  |                   | 0.00         | \$<br>\$ |               | 54.90<br>26.80 |          |
|      | 5g.            | Union dues   | 5g.        | 9  |                   | 0.00         | \$       | 02            | 0.00           |          |
|      | 5h.            | Other deductions. Specify: Uniforms  | 5h.        |    |                   | 0.00         |          |               | 7.06           |          |
| 6.   | Add            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$ | 680               | 0.37         | \$       | 1,77          | 75.54          |          |
| 7.   | Calc           | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$ | 3,184             | 4.47         | \$       | 82            | 24.46          |          |
| 8.   | List<br>8a.    | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total              |            |    | ,                 |              | -        |               |                |          |
|      |                | monthly net income.  | 8a.        |    |                   | 0.00         | \$_      |               | 0.00           |          |
|      | 8b.            | Interest and dividends   | 8b.        | 9  | 5                 | 0.00         | \$_      |               | 0.00           |          |
|      | 8c.            | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | t<br>8c.   | 9  | 5 (               | 0.00         | \$       |               | 0.00           |          |
|      | 8d.            | Unemployment compensation  | 8d.        | 9  |                   | 0.00         | \$       |               | 0.00           |          |
|      | 8e.            | Social Security  | 8e.        | 9  | 6                 | 0.00         | \$       |               | 0.00           |          |
|      | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Species | 8f.        | 9  |                   | 0.00         | \$_      |               | 0.00           |          |
|      | 8g.<br>8h.     | Pension or retirement income Other monthly income. Specify: Spouse's Comissions  | 8g.<br>8h. | ,  |                   | 0.00<br>0.00 | + \$     | 1 60          | 0.00           |          |
|      | OII.           | Spouse's Comissions  | 011.       | _  | <u>'</u>          | 0.00         | ·Ψ_      | 1,00          | 0.00           | 7        |
| 9.   | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$ | (                 | 0.00         | \$_      | 1,6           | 608.00         |          |
| 10.  | Calc           | culate monthly income. Add line 7 + line 9.  | 10.        | 6  | 3,184.47          | + \$         | 2        | 2,432.46 =    | \$             | 5,616.93 |
|      |                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |    | -,                |              |          | ,             | _              | -,       |
| 11.  | Inclu<br>othe  | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, you refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not cify:   | r depei    |    |                   |              | •        |               | _              | 0.00     |
| 12.  |                | the amount in the last column of line 10 to the amount in line 11. The releast that amount on the Summary of Schedules and Statistical Summary of Certaines  |            |    |                   |              |          | 12.           | ombir          | 5,616.93 |
| 4.0  | _              |  | _          |    |                   |              |          | m             | onthly         | / income |
| 13.  | Do y<br>■<br>□ | /ou expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:  | 1.7        |    |                   |              |          |               |                |          |

Official Form 106l Schedule I: Your Income page 2

| otor 1           | Salisha Lee F                           | Peeler        |  |                            | Check i     | f this is:      |                       |
|------------------|---|---------------|--|----------------------------|-------------|-----------------|-----------------------|
|                  |   |               |  |                            | ☐ An        | amended filing  |                       |
| otor 2           |   |               |  |                            |             |                 | ving postpetition cha |
| ouse, if filing) |   |               |  |                            | 13          | expenses as of  | the following date:   |
| ed States Ban    | kruptcy Court for the:                  | DISTRI        | CT OF MARYLAND   |                            | M           | M / DD / YYYY   |                       |
| e number         |   |               |  |                            |             |                 |                       |
| nown)            |   |               |  |                            |             |                 |                       |
| ficial F         | orm 106J                                |               |  |                            |             |                 |                       |
|                  | e J: Your E                             | Exper         | ises   |                            |             |                 |                       |
| ormation. If     |   | eded, atta    | . If two married people and the control of the cont |                            |             |                 |                       |
| t 1: Des         | cribe Your Housel                       | hold          |  |                            |             |                 |                       |
| ■ No. Go         |   |               |  |                            |             |                 |                       |
|                  | es Debtor 2 live i                      | n a separ     | ate household?   |                            |             |                 |                       |
|                  |   | t file Offici | al Form 106J-2, <i>Expenses</i>  | s for Senarate Household   | of Debtor   | 2               |                       |
|                  | ve dependents?                          |               | ari omi 1000-2, <i>Expenses</i>  | s for Geparate Flouserioid | 7 OI DEDIOI | ۷.              |                       |
| -                | Debtor 1 and                            |               | Fill out this information for  | Dependent's relationsl     | nin to      | Dependent's     | Does dependent        |
| Debtor 2.        | Debtor Fand                             | ■ Yes.        | each dependent   | Debtor 1 or Debtor 2       |             | age             | live with you?        |
| Do not stat      | e the                                   |               |  |                            |             |                 | □ No                  |
| dependent        | s names.                                |               |  | Grandaughter               |             | 2 years         | Yes                   |
|                  |   |               |  |                            |             |                 | ☐ No                  |
|                  |   |               |  | Daughter                   |             | 5 years         | Yes                   |
|                  |   |               |  |                            |             |                 | □ No                  |
|                  |   |               |  | Son                        |             | 7 years         | Yes                   |
|                  |   |               |  |                            |             |                 | □ No                  |
|                  |   |               |  | Daughter                   |             | 9 years         | Yes                   |
|                  |   |               |  |                            |             |                 | ☐ No                  |
|                  |   |               |  | Son                        |             | 14 years        | Yes                   |
|                  |   |               |  |                            |             |                 | ☐ No                  |
|                  |   |               |  | Daughter                   |             | 18 years        | Yes                   |
|                  |   |               |  | 0                          |             | 00              | □ No                  |
| Da               |   |               |  | Son                        |             | 20 years        | Yes                   |
|                  | cpenses include<br>of people other th   | an            | No   |                            |             |                 |                       |
|                  | nd your depender                        |               | Yes  |                            |             |                 |                       |
| 2: Esti          | mate Your Ongoir                        | na Month      | ly Fynansas  |                            |             |                 |                       |
|                  |   |               | uptcy filing date unless y   | ou are using this form     | as a supp   | lement in a Cha | pter 13 case to rea   |
| enses as of      | a date after the b                      |               | y is filed. If this is a supp  |                            |             |                 |                       |
| licable date     | ) <b>.</b>                              |               |  |                            |             |                 |                       |
| ude expens       | es paid for with n                      | on-cash       | government assistance i  | if you know                |             |                 |                       |
|                  |   | d have inc    | cluded it on Schedule I: \   | Your Income                |             | Your expe       | aneae                 |
| cial Form        | 1001.)                                  |               |  |                            |             | Tour expe       | 011303                |
|                  |   |               |  |                            |             |                 |                       |
| The rental       | or home ownersh                         | hip exnen     | ses for your residence   | Include first mortgage     |             |                 |                       |
|                  | or home ownersh<br>and any rent for the |               | ses for your residence. I<br>or lot.   | Include first mortgage     | 4. \$       |                 | 1,650.00              |

Official Form 106J Schedule J: Your Expenses page 1

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| Debtor 1  | Salisha Lee Peeler                            | Case number (if known) |      |
|---|---|------------------------|------|
| 4b.   | Property, homeowner's, or renter's insurance  | 4b. \$                 | 0.00 |
| 4c.   | Home maintenance, repair, and upkeep expenses | 4c. \$                 | 0.00 |
| 4d.   | Homeowner's association or condominium dues   | 4d. \$                 | 0.00 |
| 5. Additional mortgage payments for your residence, such as home equity loans |   | 5. \$                  | 0.00 |

### Case 19-24381 Doc 1 Filed 10/28/19 Page 37 of 54

| ebtor 1               | Salisha l            | _ee Peeler   | Case nun                         | nber        | r (if known)      |   |
|-----------------------|----------------------|--|----------------------------------|-------------|-------------------|---|
| 1 14;1:               | ities:               |  |                                  |             |                   |   |
| . <b>Utili</b><br>6a. |                      | heat, natural gas  | 62                               | . \$        |                   | 250.00                                  |
| 6b.                   |                      | ver, garbage collection  |                                  | . ў<br>. \$ |                   | 50.00                                   |
| 6c.                   |                      | e, cell phone, Internet, satellite, and cable service:   |                                  |             |                   |   |
| 6d.                   | Other. Spe           | · · · · · · · · · · · · · · · · · · ·  |                                  |             |                   | 450.00                                  |
|                       |                      |  | 6d.                              |             |                   | 0.00                                    |
|                       |                      | ekeeping supplies  | 7.                               |             |                   | 1,500.00                                |
|                       |                      | hildren's education costs  | 8.                               |             |                   | 0.00                                    |
|                       | -                    | ry, and dry cleaning   | 9.                               |             |                   | 350.00                                  |
|                       |                      | roducts and services   | 10.                              | . \$        |                   | 150.00                                  |
| . Med                 | lical and de         | ntal expenses  | 11.                              | . \$        |                   | 0.00                                    |
|                       | •                    | Include gas, maintenance, bus or train fare.   | 12                               | . \$        |                   | 550.00                                  |
|                       |                      |  |                                  | . \$        |                   | 150.00                                  |
|                       |                      | clubs, recreation, newspapers, magazines, an   |                                  |             |                   | 150.00                                  |
|                       |                      | ributions and religious donations  | 14.                              | . \$        |                   | 0.00                                    |
|                       | ırance.              | aurana daduated from your percentical destroy  | 200 4 or 20                      |             |                   |   |
|                       |                      | surance deducted from your pay or included in lir  |                                  | <b>c</b>    |                   | 0.00                                    |
|                       | . Life insura        |  | 15a.                             |             |                   | 0.00                                    |
|                       | . Health ins         |  | 15b.                             |             |                   | 0.00                                    |
|                       | . Vehicle in:        |  | 15c.                             |             |                   | 315.00                                  |
|                       |                      | rance. Specify:  | 15d.                             | . \$        |                   | 0.00                                    |
| . Tax                 | <b>es.</b> Do not in | clude taxes deducted from your pay or included in  |                                  |             |                   |   |
| Spe                   |                      |  | 16.                              | . \$        |                   | 0.00                                    |
|                       |                      | ease payments:   | 47-                              | <b>ው</b>    |                   | 040.00                                  |
|                       |                      | ents for Vehicle 1   | 17a.                             |             |                   | 248.00                                  |
|                       |                      | ents for Vehicle 2   | 17b.                             |             |                   | 0.00                                    |
|                       | Other. Spe           | ·  | 17c.                             |             |                   | 0.00                                    |
|                       | . Other. Spe         |  | 17d.                             | . \$        |                   | 0.00                                    |
|                       |                      | of alimony, maintenance, and support that yo<br>your pay on line 5, Schedule I, Your Income (C               |                                  | . \$        |                   | 0.00                                    |
|                       |                      | s you make to support others who do not live   | 11101ai i 01111 1001 <i>j</i> .  | \$          |                   | 0.00                                    |
| Spe                   |                      | , you make to support others who do not live   | 19.                              |             |                   | 0.00                                    |
|                       |                      | erty expenses not included in lines 4 or 5 of the  |                                  |             | r Income          |   |
|                       |                      | s on other property  | 20a                              |             |                   | 0.00                                    |
|                       | . Real estat         |  | 20b.                             |             |                   | 0.00                                    |
|                       |                      |  | 20b.                             |             |                   |   |
|                       |                      | nomeowner's, or renter's insurance   |                                  |             |                   | 0.00                                    |
|                       |                      | ce, repair, and upkeep expenses  | 20d                              |             |                   | 0.00                                    |
|                       |                      | er's association or condominium dues   | 20e.                             |             |                   | 0.00                                    |
| . Oth                 | er: Specify:         |  | 21.                              | +:          | \$                | 0.00                                    |
| . Calc                | culate vour          | monthly expenses   |                                  |             |                   |   |
|                       | . Add lines 4        |  |                                  |             | \$                | 5,663.00                                |
|                       |                      | 2 (monthly expenses for Debtor 2), if any, from O  | ficial Form 106.I-2              |             | \$                |   |
|                       |                      |  | 10101 1000-Z                     |             | ·                 |   |
| 22C.                  | . Add iine 22        | a and 22b. The result is your monthly expenses.  |                                  |             | \$                | 5,663.00                                |
| . Calc                | culate your          | monthly net income.  |                                  |             |                   |   |
|                       |                      | 12 (your combined monthly income) from Schedu  | le I. 23a.                       | . \$        |                   | 5,616.93                                |
|                       |                      | monthly expenses from line 22c above.  | 23b.                             |             |                   | 5,663.00                                |
|                       | 1,7,7                |  |                                  | _           | ·                 | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 23c.                  |                      | our monthly expenses from your monthly income.   |                                  | _           |                   | 40.07                                   |
|                       |                      | is your monthly net income.  | 23c.                             | \$          |                   | -46.07                                  |
| 4                     |                      | in   | in the comment of the Comment    |             | 2                 |   |
|                       |                      | an increase or decrease in your expenses with<br>ou expect to finish paying for your car loan within the yea |                                  |             |                   | or decrease because of                  |
|                       |                      | terms of your mortgage?  | . S. So you expect your mortgage | Pay         | ,one to morease t | or acordade pedaude Of                  |
| ■ N                   |                      | y  |                                  |             |                   |   |
|                       |                      | Fundain have   |                                  |             |                   |   |
| $\square$ Y           | res.                 | Explain here:  |                                  |             |                   |   |

| Fill in this in                | nformation to identify your  | case:                     |  |  |  |
|--------------------------------|--|---------------------------|--|--|--|
| Debtor 1                       | Salisha Lee Peele  | er                        |  |  |  |
|                                | First Name   | Middle Name               | Last Name  |  |  |
| Debtor 2<br>(Spouse if, filing | First Name   | Middle Name               | Last Name  |  |  |
| United State                   | es Bankruptcy Court for the:   | DISTRICT OF MARYLAI       | ND   |  |  |
| Case number (if known)         | er   |                           |  |  | ☐ Check if this is an amended filing                                   |
|                                | orm 106Dec<br>ration About a   | n Individual              | Debtor's Scl                                       | hedules  | 12/15  |
| obtaining m                    | e this form whenever you fi<br>oney or property by fraud ii<br>th. 18 U.S.C. §§ 152, 1341, 1 | n connection with a bank  | or amended schedules.<br>ruptcy case can result in | Making a false staten<br>fines up to \$250,000 | nent, concealing property, or<br>, or imprisonment for up to 20        |
| Did yo                         | u pay or agree to pay some   | one who is NOT an attorn  | ney to help you fill out ba                        | ankruptcy forms?                               |  |
| ■ No                           | 0  |                           |  |  |  |
| ☐ Ye                           | es. Name of person   |                           |  |  | uptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                | penalty of perjury, I declare<br>by are true and correct.                                    | that I have read the sumr | nary and schedules filed                           | l with this declaration                        | and  |
| X /s/                          | Salisha Lee Peeler   |                           | X  |  |  |
|                                | lisha Lee Peeler<br>nature of Debtor 1   |                           | Signature of D                                     | Debtor 2                                       |  |
| Dat                            | te October 16, 2019  |                           | Date   |  |  |

|                   |                               |   |                |                                     |           |                          |                        | ı              |                                    |
|-------------------|-------------------------------|---|----------------|-------------------------------------|-----------|--------------------------|------------------------|----------------|------------------------------------|
| Fil               | l in this inform              | nation to identify you  | ır case:       |                                     |           |                          |                        | п              |                                    |
| De                | btor 1                        | Salisha Lee Pee   | _              |                                     |           |                          |                        |                |                                    |
| De                | btor 2                        | First Name  | Mide           | dle Name                            | L         | ast Name                 |                        |                |                                    |
|                   | ouse if, filing)              | First Name  | Mide           | dle Name                            | L         | ast Name                 |                        |                |                                    |
| Un                | ited States Bar               | kruptcy Court for the   | DISTRIC        | CT OF MARYLANI                      | D         |                          |                        |                |                                    |
| 1                 | se number                     |   |                |                                     |           |                          |                        | ПС             | heck if this is an                 |
| Ľ                 |                               |   |                |                                     |           |                          |                        | _              | mended filing                      |
| $\bigcirc$        | fficial For                   | m 107   |                |                                     |           |                          |                        |                |                                    |
|                   | fficial For<br><b>atement</b> | of Financial  | Affairs        | for Individ                         | luals     | Filing for F             | Bankruptc <sup>,</sup> | v              | 4/1                                |
| Be<br>info        | as complete a                 | nd accurate as poss<br>ore space is needed<br>). Answer every que       | sible. If two  | married people a                    | re filing | together, both are       | e equally respon       | sible for supp |                                    |
| Pa                | rt 1: Give D                  | etails About Your M   | arital Status  | and Where You                       | Lived E   | efore                    |                        |                |                                    |
| 1.                | What is your                  | current marital stat  | us?            |                                     |           |                          |                        |                |                                    |
|                   | Married                       |   |                |                                     |           |                          |                        |                |                                    |
|                   | □ Not mari                    | ried  |                |                                     |           |                          |                        |                |                                    |
| 2.                | During the la                 | st 3 years, have you  | lived anyw     | here other than w                   | vhere y   | ou live now?             |                        |                |                                    |
|                   | □ No                          |   |                |                                     |           |                          |                        |                |                                    |
|                   | _                             | all of the places you   | lived in the l | ast 3 years. Do no                  | t includ  | where you live no        | w.                     |                |                                    |
|                   | Debtor 1 Pri                  | or Address:   |                | Dates Debtor 1 lived there          |           | Debtor 2 Prior A         | ddress:                |                | Dates Debtor 2<br>lived there      |
|                   | 2502 Darel<br>Suitland, M     |   |                | From-To:<br>11/2017 - 07/20         | 18        | ☐ Same as Debtor         | r 1                    |                | ☐ Same as Debtor 1<br>From-To:     |
|                   |                               | ley Rd #403<br>ls, MD 20748   |                | From-To:<br><b>05/2017 - 09/2</b> 0 | )17       | ☐ Same as Debtor         | r 1                    |                | Same as Debtor 1 From-To:          |
| <b>3.</b><br>stat |                               | st 8 years, did you e<br>es include Arizona, Ca                         |                |                                     |           |                          |                        |                | ? (Community property isconsin.)   |
|                   | ■ No                          |   |                |                                     |           |                          |                        |                |                                    |
|                   | ☐ Yes. Ma                     | ke sure you fill out So   | hedule H: Yo   | our Codebtors (Off                  | icial Fo  | m 106H).                 |                        |                |                                    |
| Pa                | rt 2 Explain                  | n the Sources of You  | ur Income      |                                     |           |                          |                        |                |                                    |
| 4.                | Fill in the total             | e any income from e<br>I amount of income you<br>g a joint case and you | ou received f  | rom all jobs and a                  | l busine  | esses, including par     | rt-time activities.    | revious calen  | dar years?                         |
|                   | □ No                          |   |                |                                     |           |                          |                        |                |                                    |
|                   | Yes. Fill                     | in the details.   |                |                                     |           |                          |                        |                |                                    |
|                   |                               |   | Debtor 1       |                                     |           |                          | Debtor 2               |                |                                    |
|                   |                               |   |                | of income                           | Gros      | s income                 | Sources of in          | come           | Gross income                       |
|                   |                               |   | Check all      | that apply.                         |           | re deductions and sions) | Check all that         | apply.         | (before deductions and exclusions) |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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| Debtor  | 1 Sa            | lisha Lee l                 | Peeler                                    |   | Case   | e number (if known)  |   |
|---------|-----------------|-----------------------------|---|---|--|--|---|
|         |                 |                             |   |   |  |  |   |
|         |                 |                             |   | Debtor 1  |  | Debtor 2   |   |
|         |                 |                             |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions) |
|         |                 | 1 of currer<br>iled for ban | nt year until<br>kruptcy:                 | ■ Wages, commissions, bonuses, tips   | \$34,535.30  | ☐ Wages, commissions, bonuses, tips  |   |
|         |                 |                             |   | ☐ Operating a business  |  | ☐ Operating a business   |   |
|         |                 | dar year:<br>December :     | 31, 2018 )                                | ■ Wages, commissions, bonuses, tips   | \$52,980.00  | ☐ Wages, commissions, bonuses, tips  |   |
|         |                 |                             |   | ☐ Operating a business  |  | ☐ Operating a business   |   |
|         |                 | dar year bef<br>December :  |   | ■ Wages, commissions, bonuses, tips   | \$44,656.00  | ☐ Wages, commissions, bonuses, tips  |   |
|         |                 |                             |   | ☐ Operating a business  |  | ☐ Operating a business   |   |
|         | No              | Fill in the de              | Ü   | me from each source separat   | o.,. So not morado morado u                                      | iat you into iii iiio 4.   |   |
|         |                 |                             |   | Debtor 1  |  | Debtor 2   |   |
|         |                 |                             |   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions) | Sources of income Describe below.  | Gross income<br>(before deductions<br>and exclusions) |
| Part 3: | List            | Certain Pa                  | yments You                                | Made Before You Filed for I   | Bankruptcy   |  |   |
| 6. Are  | e either<br>No. | Neither De<br>individual p  | ebtor 1 nor Dorimarily for a 90 days befo | personal, family, or househol re you filed for bankruptcy, did                                    | mer debts. Consumer debts<br>d purpose."                         | s are defined in 11 U.S.C. § 10  | 11(8) as "incurred by an                              |
|         |                 | ☐ Yes                       | paid that cre<br>not include              | each creditor to whom you paid<br>editor. Do not include paymen<br>payments to an attorney for th | ts for domestic support oblig<br>nis bankruptcy case.            | n one or more payments and t<br>ations, such as child support a<br>or after the date of adjustment | and alimony. Also, do                                 |
|         | Yes.            |                             |   | r both have primarily consu<br>re you filed for bankruptcy, did                                   |  | l of \$600 or more?  |   |
|         |                 | ■ No.                       | Go to line 7                              |   |  |  |   |
|         |                 | □ Yes                       | List below e include pay                  | each creditor to whom you paid  |  | I the total amount you paid tha<br>port and alimony. Also, do not                                  |   |
|         |                 |                             |   |   |  |  |   |

Total amount

paid

Amount you still owe

**Dates of payment** 

**Creditor's Name and Address** 

Was this payment for ...

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Case number (if known)

| 7.   | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gene<br>control, or owner of 20% or | eral partners; partne<br>more of their voting | rships of which yo<br>securities; and a | ou are a genera<br>ny managing a | I partner; corporations gent, including one for |
|--|---|---|---|---|----------------------------------|---|
|  | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |   |   |   |                                  |   |
|  | Insider's Name and Address  | Dates of payment  | Total amount paid                             | Amount you still owe                    | Reason for                       | this payment                                    |
| 3.   | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  |   | ments or transfer a                           | ny property on a                        | ccount of a de                   | bt that benefited an                            |
|  | ■ No  |   |   |   |                                  |   |
|  | ☐ Yes. List all payments to an insider  |   |   |   |                                  |   |
|  | Insider's Name and Address  | Dates of payment  | Total amount paid                             | Amount you still owe                    | Reason for Include credi         | this payment<br>tor's name                      |
| Par  | t 4: Identify Legal Actions, Repossession   | ns. and Foreclosures  |   |   |                                  |   |
| <ul> <li>Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?         List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custo modifications, and contract disputes.     </li> <li>No</li> </ul> |   |   |   |   |                                  |   |
|  | Yes. Fill in the details.   |   | _   |   |                                  |   |
|  | Case title Case number  | Nature of the case  | Court or agency                               |   | Status of the                    | e case  |
|  | Greenway Apartments L P vs<br>SALISHA BOMAV<br>2012LTB027692  | CIVIL NEW FILING  | WASHINGTON<br>SUPERIOR CO<br>LANDLORD         | -                                       | ☐ Pending ☐ On appe              |   |
|  |   |   |   |   | - 0.00                           |   |
| 10.  | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.   |   | rty repossessed, fo                           | oreclosed, garnis                       | shed, attached                   | , seized, or levied?                            |
|  | Creditor Name and Address   | Describe the Property   |   | Date                                    |                                  | Value of the                                    |
|  |   | Explain what happened   |   |   |                                  | property  |
| 11.  | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.   |   | uding a bank or fin                           | ancial institutior                      | n, set off any a                 | mounts from your                                |
|  | Creditor Name and Address   | Describe the action the                                       | creditor took                                 | Date<br>taker                           | action was                       | Amount  |
| 12.  | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes   |   | rty in the possessi                           |   |                                  | fit of creditors, a                             |

Debtor 1 Salisha Lee Peeler

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| Deb  | tor 1              | Salisha Lee Peeler   |          | Case number  | (if known)                              |                           |
|------|--------------------|--|----------|--|---|---------------------------|
|      |                    |  |          |  |   |                           |
| Part | 5:                 | List Certain Gifts and Contributions   |          |  |   |                           |
| 13.  | _                  | in 2 years before you filed for bankrup<br>No  | otcy, c  | did you give any gifts with a total value of more t  | han \$600 per person                    | ?                         |
|      |                    | Yes. Fill in the details for each gift.  |          |  |   |                           |
|      |                    | s with a total value of more than \$600 person   |          | Describe the gifts   | Dates you gave the gifts                | Value                     |
|      |                    | son to Whom You Gave the Gift and ress:  |          |  |   |                           |
| 14.  | _                  | i <b>n 2 years before you filed for bankrup</b><br>No                                  | otcy, c  | did you give any gifts or contributions with a tota  | al value of more than                   | \$600 to any charity?     |
|      |                    | Yes. Fill in the details for each gift or con  | ntributi | ion.   |   |                           |
|      | mor                | s or contributions to charities that tot<br>e than \$600                               | tal      | Describe what you contributed  | Dates you contributed                   | Value                     |
|      |                    | rity's Name<br>ress (Number, Street, City, State and ZIP Code)                         |          |  |   |                           |
| Part | 6:                 | List Certain Losses  |          |  |   |                           |
|      | or ga<br>■         | in 1 year before you filed for bankrupt<br>imbling?<br>No<br>Yes. Fill in the details. | cy or    | since you filed for bankruptcy, did you lose any   | tning because of the                    | rt, fire, other disaster  |
|      |                    | the loss occurred  | nclude   | be any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property<br>lost |
|      |                    |  | iourui   | ise diamine of time do of confederation V.B. 1 reporty.  |   |                           |
| Pari | 7:                 | List Certain Payments or Transfers   |          |  |   |                           |
|      | cons               | ulted about seeking bankruptcy or pro  | eparir   | d you or anyone else acting on your behalf pay on a bankruptcy petition?<br>s, or credit counseling agencies for services require        |   | erty to anyone you        |
|      |                    | No   |          |  |   |                           |
|      | <b>.</b>           | Yes. Fill in the details.  |          |  |   |                           |
|      | Pers               | son Who Was Paid   |          | Description and value of any property  | Date payment                            | Amount of                 |
|      | Ema                | ress<br>iil or website address<br>son Who Made the Payment, if Not Yo                  |          | transferred  | or transfer was made                    | payment                   |
|      | Palr<br>588<br>Roc | meiro Law Group LLC<br>2 Hubbard Drive<br>kville, MD 20852<br>@palmeirolaw.com         | u        | Attorney Fees  |   | \$1,495.00                |
|      | Withi<br>prom      | in 1 year before you filed for bankrupt  | ors o    | d you or anyone else acting on your behalf pay or to make payments to your creditors?  | or transfer any prope                   | erty to anyone who        |
|      | _                  |  |          |  |   |                           |
|      | _                  | No<br>Yes. Fill in the details.  |          |  |   |                           |
|      |                    | res. Fill in the details.  |          | Description and value of any property  | Date navment                            | Amount of                 |
|      |                    | ress   |          | transferred  | Date payment<br>or transfer was<br>made | payment                   |
|      |                    |  |          |  |   |                           |

Debtor 1 Salisha Lee Peeler

Case number (if known)

| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details. | siness or financial affaile as security (such as the                      | irs?                        |                    |   |   |
|-----|---|---|-----------------------------|--------------------|---|---|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you   | Description and va<br>property transferre                                 |                             | payme              | ibe any property or<br>ents received or debts<br>n exchange   | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No Yes. Fill in the details.   | self-settle   | d trust or similar device o | of which you are a |   |   |
|     | Name of trust   | Description and va  | alue of the pro             | perty trans        | ferred  | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Inst   | ruments, Safe Deposit   | Boxes, and St               | orage Unit         | s   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ.  No Yes. Fill in the details.                              | other financial accoun  | ts; certificates            | of deposit         |   |   |
|     |   | Last 4 digits of account number   | Type of account instrument  | unt or             | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed for  | bankruptcy, ar              | ny safe dep        | osit box or other deposi                                      | tory for securities,                          |
|     | ■ No □ Yes. Fill in the details.  |   |                             |                    |   |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acco<br>Address (Number, St<br>State and ZIP Code)           |                             | Describe           | the contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or   | place other than your   | home within 1               | year befor         | e you filed for bankruptc                                     | y?  |
|     | ■ No □ Yes. Fill in the details.  |   |                             |                    |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                             | Describe           | the contents  | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control for  | or Someone Else   |                             |                    |   |   |
| 23. | Do you hold or control any property that som for someone.   | eone else owns? Inclu   | de any proper               | ty you borr        | owed from, are storing fo                                     | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.  |   |                             |                    |   |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the propo<br>(Number, Street, City, St<br>Code)                  |                             | Describe           | the property  | Value   |
| Par | t 10: Give Details About Environmental Infor  | mation  |                             |                    |   |   |
| For | the purpose of Part 10, the following definition  | ns apply:   |                             |                    |   |   |

■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Salisha Lee Peeler

Case number (if known)

|     | regulations controlling the cleanup of these substances, wastes, or material.  |  |  |  |                    |  |  |  |  |  |
|-----|--|--|--|--|--------------------|--|--|--|--|--|
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |  |  |  |                    |  |  |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.              |  |  |  |                    |  |  |  |  |  |
| Rep | ort a  | II notices, releases, and proceedings th   | nat you know about, regardless of when                                     | they occurred.   |                    |  |  |  |  |  |
| 24. | Has  | any governmental unit notified you that  | at you may be liable or potentially liable (                               | under or in violation of an environme                  | ental law?         |  |  |  |  |  |
|     |  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                     | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |  |  |  |
| 25. | _  | e you notified any governmental unit o   | f any release of hazardous material?                                       |  |                    |  |  |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |  |                    |  |  |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                     | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |  |  |  |  |  |
| 26. | Hav  | e you been a party in any judicial or ad   | ministrative proceeding under any environment                              | onmental law? Include settlements a                    | and orders.        |  |  |  |  |  |
|     |  | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|     |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |  |  |  |
| Pai | t 11:  | Give Details About Your Business or  | Connections to Any Business  |  |                    |  |  |  |  |  |
| 27. | Witl   | nin 4 years before you filed for bankrup   | otcy, did you own a business or have any                                   | of the following connections to any                    | business?          |  |  |  |  |  |
|     |  | ☐ A sole proprietor or self-employed   | in a trade, profession, or other activity,                                 | either full-time or part-time                          |                    |  |  |  |  |  |
|     |  | ☐ A member of a limited liability com  | pany (LLC) or limited liability partnership                                | (LLP)  |                    |  |  |  |  |  |
|     |  | ☐ A partner in a partnership   |  |  |                    |  |  |  |  |  |
|     |  | ☐ An officer, director, or managing ex   | xecutive of a corporation  |  |                    |  |  |  |  |  |
|     |  | ☐ An owner of at least 5% of the voting or equity securities of a corporation      |  |  |                    |  |  |  |  |  |
|     |  | No. None of the above applies. Go to Part 12.                                      |  |  |                    |  |  |  |  |  |
|     |  | Yes. Check all that apply above and fi   | II in the details below for each business.                                 |  |                    |  |  |  |  |  |
|     |  | siness Name  | Describe the nature of the business  | Employer Identification number                         |                    |  |  |  |  |  |
|     |  | dress<br>nber, Street, City, State and ZIP Code)                                   | Name of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number or IIIN.    |  |  |  |  |  |
| 28. |  | nin 2 years before you filed for bankrup<br>itutions, creditors, or other parties. | otcy, did you give a financial statement to                                | anyone about your business? Inclu                      | ıde all financial  |  |  |  |  |  |
|     |  | No   |  |  |                    |  |  |  |  |  |
|     |  | Yes. Fill in the details below.  |  |  |                    |  |  |  |  |  |
|     |  | me<br>dress<br>nber, Street, City, State and ZIP Code)                             | Date Issued  |  |                    |  |  |  |  |  |
|     |  |  |  |  |                    |  |  |  |  |  |

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

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| Debtor '  | Salisha Lee Peeler                  | Case number (if known)  |      |  |  |  |
|-----------|-------------------------------------|---|------|--|--|--|
| with a ba |                                     | g a false statement, concealing property, or obtaining money or property by fraud in connec<br>to \$250,000, or imprisonment for up to 20 years, or both. | tion |  |  |  |
| /s/ Sali  | sha Lee Peeler                      |   |      |  |  |  |
| Salisha   | a Lee Peeler                        | Signature of Debtor 2   |      |  |  |  |
| Signatu   | re of Debtor 1                      |   |      |  |  |  |
| Date      | October 16, 2019                    | Date  |      |  |  |  |
| Did you   | attach additional pages to Your Sta | ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |      |  |  |  |
| ■ No      |                                     |   |      |  |  |  |
| ☐ Yes     |                                     |   |      |  |  |  |
| Did you   | pay or agree to pay someone who     | not an attorney to help you fill out bankruptcy forms?  |      |  |  |  |
| ■ No      |                                     |   |      |  |  |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court District of Maryland

|        |                                  | District of Maryland                               |                   |                       |
|--------|----------------------------------|--|-------------------|-----------------------|
| In re  | Salisha Lee Peeler               |  | Case No.          |                       |
|        |                                  | Debtor(s)  | Chapter           | _7                    |
|        |                                  |  |                   |                       |
|        | VERIFICATION OF CREDITOR MATRIX  |  |                   |                       |
|        |                                  |  |                   |                       |
| The ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and co | rrect to the best | of his/her knowledge. |
| Date:  | October 16, 2019                 | /s/ Salisha Lee Peeler                             |                   |                       |
|        |                                  | Salisha Lee Peeler                                 |                   |                       |

Signature of Debtor

AmeriCredit/GM Financial Attn: Bankruptcy Po Box 183853 Arlington, TX 76096

At&T Mobility PO BOX 536216 Atlanta, GA 30353

Autotrakk Llc Attn: Bankruptcy Department 1500 Sycamore Rd., Ste. 200 Montoursville, PA 17754

Barac Company 6901 4th Street NW Washington, DC 20012

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

CAR Financial Services Attn: Bankruptcy 59 Skyline Dr Ste 1700 Lake Mary, FL 32746

Central Collection Unit PO Box 2278 Glen Burnie, MD 21060

Childrens Hospital PO Box 37214 Baltimore, MD 21297-3214 Conduent/Suntrust Bank Attn: Claims Department Po Box 7051 Utica, NY 13504

Credit Collection Services 2 Wells Ave Newton Center, MA 02459-3225

Dc Fire And EMS Department PO Box 27767 Washington, DC 20038-7767

DNA Diagnostic Center One DDC Way Fairfield, OH 45014

Donovan J Spence 8810 Cipriano Court Lanham, MD 20706

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Doral Terrance Apartments The District at Forestville 2723 Lorring Drive #102 District Heights, MD 20747

Dulles Toll Road Fairfax General District Court - Traffic Po Box 10157 Fairfax, VA 22038

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256 FMS Financial Solutions 9001 Edmonston Rd Suite 20 Greenbelt, MD 20770

Geico Insurance One /geico Blvd Fredericksburg, VA 22412

HSBC/Scusa PO Box 961245 Fort Worth, TX 76161

Hunter Warfield Attention: Bankruptcy 4620 Woodland Corporate Blvd Tampa, FL 33614

Marine Federal Credit Union PO Box 1551 Jacksonville, NC 28541

MRIS PO Box 37093 Baltimore, MD 21297

Nationwide Credit Corporation PO Box 9156 Alexandria, VA 22304-0156

Navient Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773

Pepco 701 Ninth St NW Washington, DC 20068-0001 Progressive Lending LLC 256 West Date Drive Draper, UT 84020

Quiza Management LLC Marisa Scott 4550 Forbes Blvd #120 Lanham, MD 20706

RNC 1304 F Street NW Washington, DC 20004

Rosecroft Mews Apartment Finesa Real Estate Group 15850 Crabbs Branch Way Derwood, MD 20855

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Sprint PO Box 8077 London, KY 40742-8077

State of Maryland/CCU Attn: Bankruptcy 300 West Preston St, 1st Floor Baltimore, MD 21201

Washington Suburban Sanitary Commission 14501 Sweitzer Ln Laurel, MD 20707-5901